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# The Canadian Practitioner and Review

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# The Canadian Practitioner and Review

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## Original Communications

### THE EPIDEMIC OF INFLUENZA

#### STATEMENT OF THE PROVINCIAL BOARD OF HEALTH.

The Provincial Board of Health deems it advisable that the following facts relative to the steps taken by the Board in the recent epidemic of influenza should be given to the public.

Before any cases were reported in Ontario, the Board had secured advance information regarding the disease from Boston, New York and Philadelphia, and issued to every physician in the Province a circular of information regarding the known facts of the disease. This was succeeded by a circular to every Medical Officer of Health, pointing out the law and regulations governing the disease and advising precautions to be taken. This information received wide circulation in the press. Subsequent to this, fuller information was supplied to all physicians practising in Ontario. It was pointed out that the law governing the closing of schools, churches and public assemblages rested with local Boards of Health, with whom the Board did not propose to (and did not in any case) interfere.

The law in Ontario does not require placarding or quarantine of influenza, and while this matter received due consideration by the Board and the Government, it was deemed inadvisable to amend the Regulations in this respect. The Board is well aware that such laws are in force in many of the states of the United States and in a number of the provinces of Canada, but information in the Board's possession shows that in an epidemic of influenza, laws of the kind are impracticable. Four-fifths of the Health Officers of Canada and the United States give it as their opinion, that placarding and quarantine of influenza cases in such an outbreak as we have had are incapable of enforcement.

Previous to and in the duration of the epidemic, the undersigned was in constant communication with the Chairman of the Board. Additional funds were provided by the Government to meet emergencies and every effort was put forward to curb the spread of the disease and mitigate the distress incident to it.

The earliest appeal for help in fighting the epidemic came from Renfrew, and it was then apparent that Ontario had, on account of the War, a very great shortage of physicians and nurses. However, sixteen nurses and several physicians were sent to Renfrew, where they did excellent work. The Board at once began the organization of an Emergency Nursing Auxiliary. Branches of this Auxiliary were formed and nursing help made available in cities and towns all over Ontario. In Toronto the Board trained about 1,200 V.A.D.s and supplied nursing help to over 1,000 Toronto families. Similar valuable assistance was provided in a large number of places. Lecturers for the training of nurses were sent to many organizations.

Appeals began to come from numerous towns for physicians and trained nurses, and dozens of doctors and scores of nurses were sent and are still being supplied far and near all over Ontario. In no instance was an appeal for help overlooked. Even members of the staff, both nurses and physicians, voluntarily gave their services to places in distress. In this work, the District Officers of Health were conspicuous. Early in the course of the outbreak strains of the influenza bacillus were secured from Boston and New York, and the Board's Laboratories at Toronto and Kingston and the Connaught Laboratories (University of Toronto) set to work in the preparation of a prophylactic vaccine. As soon as available this vaccine was supplied, first to hospitals for the use of the medical and nursing staffs, and then to Medical Officers of Health, the soldiers, munition and other industrial works. Within a month hundreds of thousands of doses of this vaccine were distributed. Although the staff of the Board has been much depleted, over twenty members being on active service, the remainder worked night and day in the endeavor to meet all demands. How we have succeeded may be judged by the hundreds of congratulatory communications received by the Board upon its work, and by comparing the ravages of the epidemic in Canadian and United States cities, as supplied to the Board by the respective health departments, as follows:

## CITIES IN CANADA.

Cities	Population.	Deaths from Influenza and compli- cations, chiefly Pneumonia.	Death rate per 100,000 pop.
Fort William . . .	18,850	45	238
Sault Ste. Marie.	12,829	41	319
Ottawa . . . . .	104,000	570	548
Port Arthur . . .	15,224	20	131
Windsor . . . . .	30,000	32	106
Kingston . . . . .	22,265	145	644
London . . . . .	57,301	187	326
Toronto . . . . .	490,000	1,600	327
St. John, N.B. . .	42,511	126	296
Winnipeg . . . . .	183,595	366	211
Montreal . . . . .	640,000	3,128	489
Halifax . . . . .	46,610	163	329
Hamilton . . . . .	104,491	244	233

## CITIES IN UNITED STATES.

Boston . . . . .	670,585	2,084	321
Pittsburg . . . . .	533,905	3,894	721
Philadelphia . . .	1,549,008	12,687	819
Washington . . . .	331,069	1,564	501
*Camp Sherman, O.	33,000	842	2,551
New York . . . . .	5,737,492	22,950	400

The Board is not accustomed to advertise its work. In fact, one of Canada's most prominent public men has said that this failure is our greatest fault, but since the Board's work in the epidemic has been called in question it may properly point out to the public of Ontario a few of its many activities within the last few years.

(1) Establishment of District Officers of Health.

(2) Development of a corps of Sanitary Engineers and of an Experimental Station for the study of problems relative to sewage and water, the latter being said by competent observers to be the best of its kind in America.

(3) The securing for the people of Ontario various sera and antitoxins used in the prevention and cure of such diseases as diphtheria, meningitis, tetanus, rabies, whooping-

\* Military Camp: 2,001 cases pneumonia, 842 deaths.

## 4      DIPHTHEROID INFECTION OF WOUNDS

cough, smallpox, typhoid and paratyphoid, babies' sore eyes, *all free of cost to the individual*. Incidentally, the action of the Board has made these products available all over Canada at prices below those prevailing in any other place on the continent.

(4) Establishment of a Child Welfare Bureau.

(5) Enactment of a Venereal Diseases law which is rapidly being taken as a model law for the other Canadian provinces.

(6) Development of an advanced Educational movement in public health, with health exhibits, film productions, etc.

(7) At the outset of the War, the Dominion Government was without facilities for the supply of typhoid vaccine and Ontario's Board of Health alone, of all the provinces, had such facilities. Since that time the Board has supplied *gratuitously* to the Department of Militia and Defence about \$250,000 worth of typhoid and paratyphoid vaccine, which has proved an invaluable aid in the prevention of enteric fevers among the soldiers.

The Board has no objection to but welcomes legitimate criticism, but surely criticism should be supported by facts and not as has been the case in some quarters by statements that are downright falsehoods.

JOHN W. S. McCULLOUGH, C.O.H.

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## DIPHTHEROID INFECTION OF WOUNDS

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BY R. M. JAMES, M.B.Tor., CAPTAIN, C.A.M.C., AND N. O. THOMAS, B.A., M.B.Tor., CAPTAIN, C.A.M.C.

Pathologists to Granville Canadian Special Hospital, Buxton, Derbyshire.

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About four months ago a routine investigation of wounds infected with diphtheroid organisms was begun here, with a view to corroborating, or otherwise, the combined report of Canadian pathologists recently published, in June, 1918, in the *Bulletin* of the Canadian Army Medical Corps, and then undergoing publication. This report was compiled as a result of an article which appeared in the *Journal of the American Medical Association* for September of 1917 by Majors J. G. Fitzgerald and D. E. Robertson, of Toronto, Canada. In view



of the fact that practically all of the cases sent to this hospital showing open wounds had some bone injury, and had, in many cases, undergone prolonged treatment in primary hospitals before being sent here, it seemed that we were dealing with a type of cases not available for investigation in most military hospitals. It is also of interest that these are the cases which are being returned to Canada while their wounds are continuing to discharge, and that they are, therefore, much the same type of case as those reported on by the Toronto investigators, and perhaps differed somewhat from the cases examined by the investigators of the combined report.

The following technique was employed: A sterile cotton swab was rubbed well over the surface of the wound and sent to the laboratory by the medical officer in charge of the case. This swab was planted on a tube of Loeffler's blood serum, and the inoculated tube incubated for a period of eighteen hours. Smears were then made from the growth obtained and stained with methylene blue, as well as by Gram's and Neisser's methods. This was carefully searched under the microscope for Gram-positive bacilli showing diphtheroid arrangement. If diphtheroid organisms were found, a loopful of growth from the original culture at a place where the majority of the colonies were of the character of those produced by diphtheroids was emulsified by thorough shaking in a tube containing about 4 c.c. of bouillon. A loopful of this broth was then smeared on a plate of neutral nutrient agar, which was incubated for twenty-four hours, when suspicious colonies were fished. If no like colonies appeared the process was repeated, and this time a loopful was also smeared on a plate of Loeffler's blood serum, as *B. diphtherie* are occasionally hard to grow on agar. The agar was used as routine because, being a transparent medium, it is easier to fish the colonies, and, moreover, the diphtheroids grow quite well on it. Any suspicious colony was inoculated on a tube of Loeffler's blood serum and the tube incubated. This growth was next examined for purity, and, if pure, the sugar tubes inoculated from it. Sugar reactions were always carried out on Hiss's serum water, to which 1 per cent. of the desired sugar was added. Before the sugar reactions were finally read each tube was planted again on agar, in order to ensure that latent contamination had not occurred. Sugars were incubated for four days before final readings were taken. It was found by experience that this time was quite sufficient.

## CHARACTERS OF GROWTHS.

On plain agar diphtheroids produce in twenty-four hours small pin-head colonies, translucent and lenticular on naked-eye examination, under the low power of the microscope appearing finely granular, with a slightly irregular margin. On Loeffler's blood serum, colonies have the same general characteristics, but grow somewhat larger. Colonies always tend to remain discrete.

Pure cultures of diphtheroids on serum slants are more profuse than the growths ever obtained with true Klebs-Loeffler. Cultures kept at room temperature develop the creamy appearance noted by Captain Adams in the combined report. The growth is moister than that of Klebs-Loeffler, and in some cases, where heavy, becoming almost slimy. Cultures of *B. diphtheriæ* kept under similar conditions do not lose their characteristic appearance. Similar to Klebs-Loeffler cultures, those of diphtheroids can be kept for at least four months, and at the end of that time good growths are obtained on subculture.

We have been unable to detect any consistent difference between the morphology and staining of diphtheroids and true Klebs-Loeffler bacilli. All strains of the former encountered by us stain well by Neisser's method, although usually the granules are larger. Generally speaking, diphtheroids are shorter than *B. diphtheriæ*. Grown on different media, they show the pleomorphism so characteristic of Klebs-Loeffler.

All the diphtheroids which we have isolated from wounds have produced acid from dextrose, lactose, saccharose, maltose, levulose, galactose, and have failed to ferment dextrin and mannite. Acid production in lactose is somewhat slower than in the other positive sugars. They may all be considered as falling under the *B. hoagi* type (Morse, 1912). One diphtheroid isolated from an acute otitis media complicating a case of influenza during the recent epidemic showed the sugar reactions of true *B. diphtheriæ*. On animal inoculation it proved avirulent, and belongs, therefore, to the class of *B. quasi-diphthericus* (combined investigation). Sugar reactions have been controlled on each batch of sugar media prepared by cultures of Klebs-Loeffler isolated from the throats of clinical cases of diphtheria. These have always fermented all the above sugars with the exception of saccharose and mannite.

For animal inoculation a twenty-four-hour neutral broth culture has been employed. Guinea-pig No. 1 was inoculated in the subcutaneous tissue of the abdomen with 2 c.c. of the

culture. Guinea-pig No. 2 was similarly inoculated with 2 c.c. of culture, which, however, had remained in contact with 1,500 units of diphtheria antitoxin at room temperature for a period of one hour. In the case of wound diphtheria of a few pigs, No. 1 showed slight œdema after twenty-four hours, amounting to a tumor as large as a bean. But no general reaction was observed in any case. At the end of three days this local reaction had always subsided. In the case of true *B. diphtheriæ*, death of pig No. 1 occurred in from twenty-four to seventy-two hours. Pig. No. 2 showed no local or general reaction. Autopsy findings were in all cases typical. Virulent Klebs-Loeffler was in one case isolated from the pleural fluid of a pig which had received *B. diphtheriæ* isolated from a wound. (It may be noted that the pleural effusion consisted of clear, straw-colored fluid, not bloody fluid, as reported by some observers.)

In all we have examined swabs from one hundred and twenty-nine cases, eighty-two of which, or 63.5 per cent., showed diphtheroid organisms. Of these thirty were isolated in pure culture at intervals during a period of four months. Three of these proved to be true Klebs-Loeffler, and twenty-seven wound diphtheroids—that is, 10 per cent. of the isolated organisms—were *B. diphtheriæ*, and assuming that this is a fair proportion, 6.4 per cent. of the wounds were infected with *B. diphtheriæ*.

We give below brief clinical notes on the three cases infected with *B. diphtheriæ*, and on three infected with wound diphtheriods.

*Case I.*—No. 1005736, Pte. T. Wounded, Passchendaele, November 11, 1917. Shrapnel wound, outer surface of left arm. Wound excised and dressed at C.C.S. the same day. Although the original wound was small, it continued to discharge until March, 1918, when it healed, leaving the arm apparently well in every way. About the first week in May, 1918, wounded area became swollen, red, painful, and tender. Swelling incised, much pus freed, and a piece of shrapnel came away in the dressing. The wound continued to discharge, and considerable sloughing took place, leaving a dirty ulcer. A swab taken May 20, 1918, shows the Klebs-Loeffler bacillus. The following note was made on his Medical History Sheet one week later: "Ulcer slightly larger than a half-crown, with a granulating, red base. Slight purulent discharge, slightly offensive; edges of wound are overhanging, but healthy. There is no local tenderness, pain, or redness. Epitrochlear gland is

## 8      DIPHTHEROID INFECTION OF WOUNDS

swollen and tender. General condition of patient good." This patient was returned to Canada, being on his way before the organism was proved.

*Case II.*—Pte. S. Following shell wound right leg, at Passchendaele, October 10, 1917, laid out in "No Man's Land" for five days. He contracted trench feet, and later gangrene of the right leg and toes and heel of left foot occurred. Right leg and four toes of left foot were amputated November 11, 1917. In February, 1918, remaining toe was amputated and stumps of toes and left heel cleaned. The wound continued to discharge, and heads of metatarsal bones of third and fifth toe were removed on March 5, 1918. Up to this time eusol and Carrel-Dakin fluid were used for dressing. On March 13, 1918, swab from wound showed diphtheroid bacilli, later proved to be true Klebs-Loeffler, along with streptococcus and staphylococcus. At this time the following description of the wound was entered: "Copious quantity of yellowish-white pus discharging, and wound shows definite membrane, swelling and œdema extends beyond the ankle. Patient complains of very little pain." Dressings were now changed to flavine three times a day, with bichloride baths; 5,000 units of diphtheria antitoxin was administered, followed, however, by rather severe anaphylaxis. No sensitizing dose was given in this case. Progress under this treatment was rapid, and on April 30, 1918, the following note was made on his Medical History Sheet: "Very slight discharge; healthy granulations cover the base of the wound. Epitheliation is proceeding rapidly along the margin." Progress was marked to complete healing.

*Case III.*—No. 790639, Pte. C. Received shrapnel wound of right forearm, with comminuted fracture of the ulna, on February 13, 1918. Progress of the wound was, apparently, slow. On May 5, 1918, had operation, with removal of scar, sequestra, and shrapnel fragments. Wound stitched, and an iodoform gauze drain inserted. Five days later a note on Medical Case Sheet states: "Wound healing nicely. No purulent discharge (except where drain is applied)." Progress was rapid for about three weeks, when healing slowed up. On June 21, 1918, a swab from wound showed diphtheroid bacilli, later proved to be true Klebs-Loeffler. At this time wound had progressed to a superficial ulcer, which showed a definite firm membrane, and exhibited no tendency to heal. Flavine dressings three times a day were now instituted, and 6,000 units of



antitoxin administered, three days later 5,000, and two weeks later 10,000 units. (A sensitizing dose of one-half cubic centimetre of serum was administered before the first dose of 6,000 units. No anaphylactic reactions were obtained.) The membrane showed some tendency to loosen after each dose of antitoxin, but healing was slow, and swabs from the wound taken at intervals up to the time when complete healing occurred on July 21, 1918, showed pure cultures of *B. diphtheriæ*.

*Case IV.*—No. 781344, Pte. McD. Sustained shrapnel wounds at Passchendaele, October 26, 1917, affecting anterior aspect left shoulder and left side of neck; the damaged tissue was excised at C.C.S., and later, after removal to base, some necrotic bone taken from head of humerus, and free drainage of pus established, which had collected in lower angle of scapula. At this time contracted erysipelas in left arm, but following this wounds began to improve gradually.

On admission to the hospital May 7, 1918, the shoulder wound extended from below middle of clavicle to the outer part of the upper third of arm, with some discharge. X-ray report indicated shrapnel fracture involving head of humerus, with some fragments in this region and in soft tissues about glenoid. Entry of June 8, 1918, on Medical History Sheet, states wound has unhealthy look, with greyish, dry membrane covering same. On this date we had occasion to examine this wound, and found the membrane to be rather firm, thick, and extending practically over the entire wound. Several swabs were taken from the edges of the membrane, cultures of which revealed streptococcus and an organism typically Klebs-Loeffler in morphology and staining. Pure cultures of the latter gave sugar reactions of wound diphtheroid and not *B. diphtheriæ*. Wound treated with flavine, the membrane later coming off with the dressing, leaving a sound, granulating base. Patient later invalided to Canada.

*Case V.*—No. 719696, Pte. S. Flanders casualty of October 26, 1917, by rifle bullet. Wound of entrance 2 in. below head of right fibula, and of exit inner side of upper third of adjoining bone. These were cleaned and bones set in C.C.S. Later, at base, wounds incised for free drainage of pus and splints applied, leaving window for dressings. On reaching this hospital patient had a discharging wound on inner side of head of tibia, 2½ in. below knee-joint; X-ray revealed cavity in inner surface, upper end of tibia. Wet

bichloride dressings and rubber drainage applied. On June 19, 1918, developed scarlet fever. Bacteriological examination of wound, swabbed at this date, showed staphylococcus and a diphtheroid. Pure culture of latter proved to be a true wound diphtheroid. Wound healed later, and general condition of patient much improved.

*Case VI.*—No. 215679, Pte. N. Received gunshot wound, left leg, November 10, 1917, with fractures of the tibia and fibula. The leg was opened and drained and shrapnel removed at C.C.S. Wound apparently never completely healed, and on March 14, 1918, a note on Medical Case Sheet says: "Middle portion of wound on anterior surface of leg still discharging." X-ray report a few days later says: "Areas of rarefactions, sequestra, and shrapnel dust still present." It was not thought wise to attempt operation, because the wound showed a tendency to flare up every few days. On April 4, 1918, scar tissues were dissected away, necrosed tibia curetted, and several small sequestra removed. A swab from wound on May 5, 1918, showed diphtheroid bacilli; later proved to be true wound diphtheroid. At this time there was a scar 7 in. long on antero-internal surface of left leg, with a small unhealed portion in the centre, from which a sinus led to another opening on the antero-external surface. There was a slight purulent discharge. Flavine dressings three times a day were instituted, and the progress of the wound was satisfactory.

It will be seen from a summary of the above case reports that wounds infected with diphtheroids differed in no wise clinically from those from which true *B. diphtherie* was obtained, except that they were, perhaps, more amenable to treatment. It will be noted that membranes were found in both types of cases. The three cases of diphtheroid infection are reported as a fair representation of all the cases we have examined.

During the conduction of a large number of bacteriological examinations for the venereal clinic here we have been struck by the large number of chronic cases of urethritis, litritis, and prostatitis, showing diphtheroid bacilli as the predominant organism.

Of one hundred and eighty cases examined, one hundred and five, or 58 per cent., showed diphtheroid bacilli. We have isolated seven cultures from the above, and these show the same morphological staining and cultural characteristics, also sugar reactions, as the wound diphtheroids. We have seen at

least a few cases of acute urethritis due to diphtheroid organisms, and are of the opinion that in chronic infections of this locality these organisms are extremely important. It is also of interest in suggesting a possible source of at least some cases of diphtheroid infection in wounds. The first, to our knowledge, who called attention to the existence of urethral diphtheroids was Hine in 1913,\* but we were unprepared by anything we have encountered in the literature to find them so common in the male genito-urinary tract.

#### SUMMARY.

(1) 63.5 per cent. of open wounds examined in this hospital have shown diphtheroid organisms.

(2) Judged from those cases in which pure cultures were obtained, 6.4 per cent. of open wounds in this hospital show infection with *B. diphtheriae*.

(3) Clinically, it is impossible to diagnose between diphtheroid and true diphtherial infection of wounds. A membrane does not necessarily indicate the presence of *B. diphtheriae* in wounds.

(4) It is not possible to distinguish between diphtheria bacilli and wound diphtheroids by morphological characters.

(5) Only by sugar reactions obtained from pure cultures can diphtheroid organisms be distinguished from true Klebs-Loeffler, and only after positive animal inoculation is it advisable to diagnose diphtheria in wounds.

(6) Flavine appears to have given better results than any other form of local treatment used here.

(7) It is advisable to administer diphtheria antitoxin in cases of diphtheria in wounds; here the importance of giving a sensitizing dose in cases of war wounds due to their having received previous injections of serum is emphasized. If this rule is not followed severe anaphylactic reactions will occur in some cases.—*Bulletin of the C. A. M. C.*

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\* Journ. of Pathol. and Bact., 1913, 18, 75

## Editorial

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### EPIDEMIC INFLUENZA

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INFLUENZA is said to be a very old disease, but the first epidemic of catarrhal fever similar to our present influenza, of which we have any records, occurred in 1173. Since then similar epidemics have occurred from four to twelve times per century. We are told there were ten in the first half of the nineteenth century.

We are glad to recognize the fact that our officers of health have done excellent work in this pandemic. We desire to refer especially to the splendid efforts put forth by our Chief Officer of Health for Ontario, Dr. McCullough. We are able to appreciate only in part the wonderful assistance he rendered to the overworked doctors in all sections, and the great good he accomplished in the interests of suffering humanity in the Province of Ontario. The statement of the Provincial Board in this issue is both interesting and instructive.



## News Items

The new Maternity wing to the Charlotte Eleanor Englehart Hospital at Petrolia was opened December 19th.

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In Toronto during the past year the Victorian Nurses made over 30,000 visits, and cared for 4,670 patients. The expenses were nearly \$30,000. There are now over 55 branches in Canada.

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Dr. G. Sterling Ryerson has resumed practice after having given the greater part of his time for the past four years to the work of the Canadian Red Cross Society and to the American Red Cross. His offices are at No. 2 College Street.

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At the recent Annual Meeting of the Infants' Home in Toronto, it was pointed out that the per diem cost was 52 cents, while the city grant was only 35 cents. During the year 209 infants and 65 mothers had been cared for.

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A memorial monument to Edith Cavell and the Canadian nurses who were killed by the Germans in raids on Canadian hospitals will be erected in Ottawa in Major Hill Park. The monument is being executed by Hamilton McCarthy, R.C.A.

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At the beginning of the war the daily average number of patients in the institutions of the National Sanitarium Association of Canada was 485. To-day it is 688. The expenditure for maintenance has advanced from \$275,000 annually to \$510,000; and the cost for the present hospital year will probably amount to \$585,000. The per capita cost in the free hospitals in Muskoka and Weston has jumped from \$10.50 per week to \$14.52 per week.

The medical staff of the Kingston General Hospital has been reorganized, and is now under the direction of Queen's University. The hospital is to be enlarged with \$100,000 given by the late Dr. James Douglas, Chancellor of Queen's, as a nucleus, and the Ontario Government, the city of Kingston, and the municipalities of the district are to be asked to co-operate. In view of the fact that Ottawa seeks to have Queen's Medical College transferred from Kingston to the Capital, the local authorities are bestirring themselves to make the General Hospital the largest institution of its kind between Toronto and Montreal, for the benefit of Queen's Medical Department.

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### LIQUOR FOR MEDICINAL PURPOSES

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Mr. J. D. Flavelle issued the following summary of regulations on behalf of the Ontario License Board, November 28:

A druggist is legally entitled to have ten gallons of liquor on hand at any time. This amount includes all kinds of liquor exclusive of ethylic alcohol and sacramental wine. A druggist can purchase all the foregoing liquor from a vendor, or he can purchase direct from an Ontario distiller any Ontario whiskey he requires. He can purchase ethylic alcohol in unlimited quantities.

A duly qualified medical practitioner is legally entitled to carry in his house or in his office ten gallons of liquor. He can procure one quart for medicinal practice in his profession from any qualified druggist, or he can purchase from a vendor or distiller any quantity up to ten gallons.

A hospital can have on hand an unlimited supply of liquor. A hospital can procure one quart from any qualified druggist or an unlimited quantity from a vendor of any kind of liquor, or can procure any quantity of Canadian whiskey required direct from an Ontario distiller.

When a doctor, in his judgment, considers a larger quantity of liquor is necessary for his patient than the prescribed six ounces, he can issue a prescription for one dozen bottles of ale, beer or porter containing not more than three half-pints each, or one quart of wine or distilled liquor, which can only be procured from one of the seven vendors in Ontario.

None of the foregoing liquor mentioned can be legally used for beverage purposes—all the provisos mentioned for procuring liquor are absolutely for medical use only.

In the opinion of the Board, if the druggists, doctors and the hospitals of Ontario work together in unison and keep the continuous stock of liquor on hand which they are entitled to, it ought, under the present regulations as they now exist, to provide all the liquor that is required for strictly medical use during the present epidemic.

There have been so many statements in the various newspapers as to prices charged for liquor by the vendors which have been more or less incorrect, the Board of Provincial License Commissioners deem it desirable to inform the public officially what the correct price is for Canadian whiskey manufactured in Ontario and sold by the vendors under medical prescription for one quart.

The maximum prices that the vendors are permitted to charge are as follows:

Gooderham and Worts "Ordinary," per reputed quart bottle . . . . .	\$1 10
Walker's "Imperial," per reputed quart bottle . . . . .	1 25
Gooderham and Worts "Special," per reputed qt. bottle . . . . .	1 35
Seagram's "83," per reputed quart bottle . . . . .	1 35
Corby's "Best," per reputed quart bottle . . . . .	1 35
Walker's "Club," per reputed quart bottle . . . . .	1 50
Draught whiskey filled by vendor, per imperial qt. bottle . . . . .	1 75

The foregoing prices are at the vendor's place of business. When delivered elsewhere the cost of transportation must be added to these prices. The Board have no control over prices charged by druggists.

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Mrs. Johnson—"Sistah Martha has jest got a divo'ce f'um her husband."

Mr. Jackson—"You don't say. How much ammonia did de cou't grant her?"—*Ex.*

## Personals

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Dr. Cooper Cole (Lieut.-Col.) has returned from overseas to Toronto.

Surgeon-General Fotheringham spent Christmas week in Toronto.

Capt. F. A. Atkinson, C.A.M.C., Alberta, has been awarded the Military Cross.

Dr. Thos. S. Cullen, of Johns Hopkins Hospital, Baltimore, spent Christmas in Toronto.

Dr. Arnold A. Halliday has returned from overseas, and resumed practice in Toronto.

Dr. Jacob Segal has been appointed Medical Superintendent of the Earl Grey Sanitarium, Regina.

Dr. Walter McKeown (Col.) will probably return to Toronto in March or April.

Dr. Harley Smith (Major) is now with the Fourteenth General Hospital, B.E.F., France, in charge of wards for officers.

Dr. John R. Irwin, who has been overseas for three years with the C.A.M.C., has returned to his home in Cobourg and resumed practice.

Miss Weldon, a graduate nurse from the Toronto General Hospital, after spending three years as Matron of the Lakeview Hospital, Chicago, has returned to her former home in St. Thomas, and has been appointed Superintendent of the Amasa Wood Hospital in that city.

Dr. Chas. Hastings, M.O.H., Toronto, expects that his Department will extend its activities this year, but will not embark upon any new projects. He proposes to resume the

publication of the *Health Bulletin* shortly, and will endeavor to pay greater attention to child welfare work and industrial hygiene.

Dr. J. F. Cattermole, Assistant Superintendent of the Hospital for Epileptics, Woodstock, has resigned, and is now living in Woodstock.

Dr. Franklin McLay, formerly of Woodstock, commenced practice in Grimsby about five years ago, and enlisted about three years ago. He was recently promoted to the rank of Captain. About the same time he was awarded the Military Cross and also the Croix de Guerre. He is a brother of Prof. McLay of McMaster University, Toronto.

Lieut.-Col. Charles A. Hodgetts, C.M.G., who has been overseas for more than four years, has returned to Ottawa. While in England he was Canadian Red Cross Commissioner for three and a half years. After resigning, he entered the services of the British Ministry of Health and did work in various places in England and Ireland.

Major Harold Orr, of Calgary, a graduate in Medicine, University of Toronto, in 1911, has been awarded the Distinguished Service Order. Major Orr went overseas with the Canadian Army Medical Corps early in the war and for a time did hospital duty in England. He then went to France and was attached to the 8th Canadian Field Ambulance. In March, 1918, he received his majority, and in April was appointed officer in charge of the 3rd Canadian Sanitary Section.

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Army doctor (examining Cohen)—“Got any scars?”  
Cohen—“Nope, but I gotta cigarette.”—*Ex.*

## C.A.M.C. News

### APPOINTMENTS.

Capt. Edward Liversay is appointed Adjutant at the Ogden Military Convalescent Hospital.

Capt. Robert John Kee is detailed for duty under the A.D.M.S., M.D. No. 2, on ceasing to be employed with the B.C.R.M.

Q.-M. and Hon. Capt. Lorne Campbell Johnstone is posted for duty in the District Paymaster's Office, M.D. No. 10.

Capt. William Arthur Harvie is posted for duty at the Regina Military Hospital.

Major John William Hutchinson is posted for duty at the D.G.M.S. Office, Ottawa.

Lieut.-Colonel Lewis Wentworth Irving, D.S.O., is detailed as A.D.M.S., M.D. No. 2, with the rank of Colonel.

Major Keith Forrester Rogers is posted for duty at the Military School of Orthopaedic Surgery and Physiotherapy, Hart House, Toronto.

Capt. Seymour Traynor is posted for duty at the Ste. Anne de Bellevue Military Hospital.

The following officers have been selected to serve in the Overseas Military Forces of Canada:

Captains A. J. Randall, L. D. Buck, C. D. Hamilton, M. J. Kennedy, E. L. Pennock, M. P. Smith, H. H. Cheney, E. A. Greenspon, A. B. Illievitz, J. M. F. Malone, D. Nathan, H. S. Tait, E. B. Peake, D. W. Morreson, W. L. Luton, H. C. Watson, J. A. Locke, J. A. McPhee. Lientenants S. J. W. Horne, R. H. Lalonde, F. B. Sharp, S. F. Tichborne, G. A. Cheeseman, R. Fontaine, A. H. Greenwood, A. M. Lightstone, W. McL. McLeod, C. E. M. Tuchy, J. E. Wadsworth, L. Robert, J. M. Donnelly, W. S. Quint, T. D. A. McGregor, J. E. Fritchard, D. A. McAnlay, E. Wershof, W. E. Munro, H. J. Robillard, I. Y. Patrick.



Major George May Foster is posted as officer in command medicine, Military Hospital, Quebec.

Lieut.-Colonel Thomas Albert Starkey appointed consultant in sanitation for M.D. Nos. 4, 5, 6 and 7.

Major Malcolm M. Crawford posted as Registrar St. Andrew's Military Hospital from the office of the D.G.M.S., Ottawa.

#### PROMOTIONS.

To be Captains: Lieuts. Austin F. Gillis, Eldon Douglas Coutts, John McDonald, Harvey Elgin Hicks, John Jennings Watts.

To be Lieut.-Colonel: Capt. Arthur Stirling Gorrell.

To be Temporary Majors, O.M.F.C.: Capts. D. B. Kennedy, M.C.; J. A. Briggs, H. Hart, M.C.

To be Acting Majors, O.M.F.C.: Capts. H. M. Barrett, F. W. Lees, M.C.; E. Douglas, M.C.; L. C. Palmer.

Temporary Lieut.-Colonel W. T. M. MacKinnon to be acting Colonel while commanding a special hospital.

#### RETURNED FROM OVERSEAS (OFFICERS).

Capt. Daniel Wade Davis, Capt. W. Curtis, Lieut.-Colonel G. Royce, Lieut.-Colonel A. T. Bazin, Capt. C. F. Magee, Capt. George R. Baby, Capt. Kenneth Lorne MacKinnon, Capts. R. H. Arthur, W. H. Cochran, D. M. Lineham, M. D. McEwen, T. R. Ponton, Alexander Robert Munroe, W. H. Taylor, R. V. McCarley, W. E. Guest, C. T. McCallum, R. Henderson, John Joseph Cawthra, C. B. Waite, A. D. Irvine, H. B. Logie, Acting-Major J. E. Campbell, Major G. M. Foster.

#### RETIREMENTS.

Major Henry Ernest Paul resumes civil occupation.

Major Wesley Wright Pirt assumes duty with the Board of Pension Commissioners.

Capt. Frederick Charles A'Court Walton assumes duty with the Board of Pension Commissioners.

Captain Henry Proctor Cox resumes civil occupation.

Q.-M. and Hon. Capt. Paul Hammersley Salmond is struck off the strength to resume medical studies.

Capt. George Harrison Wade resumes civil occupation.

Capt. Henry MacLaren assumes duty with the Board of Pension Commissioners.

Lieut. Thomas B. Stevenson struck off the strength, being medically unfit.

Capt. Henry Clinton Pearson assumes duty with the Board of Pension Commissioners.

Lieut.-Colonel Alfred Turner Bazin resumes civil occupation.

Major Stuart MacDowall Polson is permitted to resign.

Capt. Wallace Balfour Seaton assumes duty with the Board of Pension Commissioners.

Major Lawrence Joseph Rhea struck off the strength, being medically unfit.

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### Would Make all Women Nurses

Louis I. Frank, Superintendent of Beth Israel Hospital, New York, has written letters to ex-Presidents Taft and Roosevelt and to Surgeons-General of the Army, Navy, and Public Health Service, and also to a number of prominent sociologists, urging that with the coming of peace Congress should enact a law for the universal training of females in nursing. Mr. Frank points out that the hospitals at the present time could accommodate 2,000,000 nurse students, and asks that at about the age of sixteen all girls shall be required to spend two years at theoretical and practical nursing. He says this need is pressing since there are not enough nurses to care for the illness incident to demobilization.—*Medical Record*.



## Obituary

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### JOHN MACKAY, M.D.

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Dr. MacKay died at his home in St. Catharines, aged 77. After graduating from McGill University, he commenced practice in Woodville, and soon achieved success. He represented North Victoria as a Liberal from 1890 to 1897. Five years ago he retired from practice and removed to St. Catharines.

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### EDMUND MORELL OLDAM, M.D.

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Dr. Oldham, of Tara, Ont., son of Dr. E. Oldham, of Chatsworth, died of influenza, after an illness of nine weeks, aged 30. He graduated from Queen's University in 1912, and, after practising in Desboro' for five years, removed to Tara.

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Gunner Fred. Bateman, formerly of the Bank of Commerce, Toronto, only son of Dr. R. M. Bateman, 361 Danforth Ave., Toronto, died of broncho-pneumonia, near Mons, Belgium, December 11, 1918.

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Mrs. Hill, wife of Dr. H. W. Hill, formerly M.O.H., London, Ont., died of influenza at Minneapolis, Minn., Nov. 28, 1918.

## Book Reviews

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*Progressive Medicine.* A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia; assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. Vol. III, September, 1918. Lea & Febiger, Philadelphia and New York. 1918.

The four divisions taken up in this volume—thorax, dermatology, obstetrics and nervous system—cover the ground so thoroughly and so well that there is little left to be said. Ewart's articles are always excellent, and this time he surpasses himself. The various conditions of ill-health attendant upon the war, directly or indirectly, have now accumulated in such numbers that we can begin to classify them and to draw warranted deductions. This number is particularly valuable for the discussions on these diseases which are so much to the fore at present.

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*Military Hygiene and Sanitation.* By FRANK R. KEEFER, M.D., Colonel, Medical Corps, United States Army, formerly Professor of Military Hygiene, United States Military Academy, West Point. Second edition. Reset. 12mo. of 340 pages; illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$1.75 net. The J. F. Hartz Co., Ltd., sole Canadian agents.

This is an excellent manual which, in the second edition, has been brought into conformity with conditions of hygiene and sanitation as developed in the Great War, particularly those necessitated by trench warfare.

The health of the soldier is discussed from his days and training as a recruit, to his service in the field under all conditions of climate.

The chapters on clothing, equipment, and food will be of considerable interest even to the layman, and there are many ideas presented which could be incorporated with benefit into civilian life.

## Selected Article

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### THE TREATMENT OF CHRONIC BLEPHARITIS

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BY P. A. HARRY, M.D., D.P.H.

Ophthalmic Surgeon, Rochdale Infirmary.

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In a large percentage of cases the chronic ophthalmic out-patients treated here suffer from marginal blepharitis. The patients conform to a definite type, the condition being most commonly seen in strumous individuals, and more frequently in females than in males. The history often includes the statement that the trouble commenced after an attack of measles, and inquiry shows that during the illness the eyes were neglected and no protection given from strong light. Injudicious treatment of this kind in a susceptible patient is sufficient to account for the onset of the blepharitis.

Thorough personal cleanliness is necessary before any local treatment is applied; all complications of conjunctiva or lachrymal apparatus must be attended to, special care being devoted to the scalp and hair. In many cases it is necessary to cut the hair short, and to treat the eczema, removing crusts with liquid paraffin, shampooing the head with soap solution, and applying ointment containing resorein and salicylic acid.

Errors of refraction should be carefully corrected, and the patient's general system improved with tonics. In the second or third week after the patient has been under observation—by which time he is wearing his correcting lenses, and is improving in general health—local treatment can be commenced. Up to this time he has been using a morning eye-bath of normal saline.

According to the type of case, treatment by the x-rays or ionization may be advised. In the mild eczematous cases a small dose of the x-rays repeated weekly will be very beneficial, the gentle stimulating effects of the rays being helpful in improving the growth of the lashes. A similar result may be obtained by passive hyperæmia. If the infection is definitely staphylococcal, vaccine treatment may be carried out simultaneously.

## 24 TREATMENT OF CHRONIC BLEPHARITIS

Ionization with zinc iodide is very useful in cases of eversion of the mucous membrane. Occasionally this eversion occurs in patches, ultimately producing irregular contractions in the lid margin. In such cases electrolysis will prevent subsequent trichiasis. It is not advisable to use strong caustics, such as pure nitrate of silver or liquor zinci chloridi. Should there be an ulcerated surface this should be painted with 5 per cent. silver nitrate or 10 per cent. zinc chloride.

When the acute stage has subsided, active hyperemia may be produced by friction or massage of the lid borders with zinc oxide ointment, with or without the addition of salicylic acid. This should be varied by periods of treatment with one per cent. resorcin lotion followed by a 2 per cent. ointment of ammoniated mercury or oleate of mercury. A lotion of liquor carbonis detergens (1:40) is more suitable to certain cases.

In the presence of constipation or intestinal irregularities magnesium or sodium sulphate, in combination with sulphur or iron, is usually indicated according to the following prescriptions:

R Sulphur sublim.  
Potass. tart. acid.  
Magnes. sulph. . . . . āā. partes æquales.

Sig. "One teaspoonful in milk every morning."

R Ferri sulph. . . . . gr. xxiv. 1.5 gm.  
Magnes. sulph. . . . . ℥ iiss. 10.0 gm.  
Acid. sulph. dil. . . . . ℥ 75 5.0 ml.  
Aquam . . . . . ad ℥ viii. ad 240.0 ml.

S. et M. Sig. "One-eighth part thrice daily."

—*The Prescriber.*

## Selections

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### ONE OF CHINA'S GREAT PROBLEMS

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CHAS. W. SERVICE, B.A., M.D., OF CHENG TU, WEST CHINA.

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The backwardness of the Chinese in all questions relating to the study of modern scientific methods is deplorable. This is especially true of medical science. But as the result of nearly a century of medical work carried on by western medical practitioners, China is now accepting western civilization in its many phases. But probably nowhere has this change effected such a revolution in ideas and customs as in the medical field. Much has been done in the medical and surgical treatment of millions of patients. Much has also been done in the way of medical research. But to treat all the sick and wounded of China under present conditions is impossible. Two hundred thousand doctors are needed in China, but there are less than 2,000 at the present time. Conditions can be improved either by sending many more foreign doctors or by training thousands of Chinese youths in medicine. A certain increase in the number of foreign doctors in China will be necessary for years to come.

So important is the medical situation in China that the Rockefeller Foundation has established a China Medical Board, with a resident director in Peking. It proposes to establish two medical colleges in China, one in Peking and one in Shanghai.

Obviously, these two great Rockefeller Foundation teaching centres in China, while helping to meet the medical needs of China, cannot do all that is required. The opinion prevails among the 450 members of the China Medical Missionary Association that there must also be a few high-grade medical colleges in which the Chinese language shall be the teaching medium. A few union medical colleges already exist, but these are all underdeveloped and do not measure up to the highest requirements of modern medical educational standards, either in plant, equipment, staff, or endowment. The effort now is to slightly reduce the number of these teaching institutions and to strengthen the remainder by further unions.



One of these union medical colleges is in West China, in the city of Chengtu, the capital of Szechwan, the largest province of China, with a population of 60,000,000. With the two other provinces of West China and also Thibet included, the constituency served by this institution is about 100,000,000. Chengtu is one of the several large cities in China officially recognized by the China Medical Missionary Association as a good strategic centre for the development of medical education in China.

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### **Tuberculosis and the War**

The great war has put on trial measures for saving life so carefully worked out during years of peace and in a sense, therefore, the war has become an experimental epoch.

To begin with, tuberculosis is almost a universal disease. Infection, as a rule, takes place in childhood. We have then to contend with the selection of military material from young men who nearly all carry with them at least a childhood infection with tuberculosis. It is apparent that the stress and strain of a terrific war, such as this one, would have some effect in the way of increasing or relighting old processes of tuberculosis, and yet Osler, Elliott and Schroeder have pointed out that the incidence of tuberculosis among the young men in our army is not greater than the incidence among our young men in civilian life at the same age period. On the contrary, there seems to be an increase in tuberculosis morbidity in some civilian populations since the outbreak of the war. (Thompson-Newsholme).

The effect of poisonous gases plays no very large role in the etiology of tuberculosis, nor has trauma been a factor with special reference to the bones and joints. On the other hand, physiological over-strain and undue exposure have undoubtedly been definite causes of tuberculosis and in a measure the many respiratory infections so prevalent in concentration areas were responsible for the fresh start of tuberculous disease.

For the surgeon a matter of no negligible importance has been the fact that during the extensive physical examinations of recruits many men were rejected as having pulmonary tuberculosis when the symptoms for this diagnosis were produced by pathological conditions of the nose, throat and sinuses (Rist). Also Elliott found that among the tuberculosis suspects

there were many with collapsed lung, and gunshot wounds of the chest, followed by chest complications with consequent collapse of lung; and that there were also patients with bronchiectasis and lung abscesses.

The important point to bear in mind is that there is scarcely a sign or symptom of pulmonary tuberculosis which may not be the symptom or sign of a non-tuberculosis condition, at times of a surgical nature.

Stewart emphasizes that war has its blessings for tuberculosis after all. More accurate diagnosis and more universal resort to treatment in incipient cases; finer institutions for treatment, a saner appreciation of the tuberculous person in the community and a fuller utilization of the tuberculous man for service.—*American Journal of Surgery*.

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#### Soamin in the Treatment of Bronchial Asthma

(*Glasgow Med. Jour.*).—B. N. Ghosh recommends soamin given hypodermically. The initial dose is one grain, and this is increased by one grain with each injection, till a dose of 3 grains is reached. If the patient does not show any sign of improvement, however small, after the sixth injection, the chances are that there will be no improvement at all. To ensure success the following points have to be carefully followed: (1) Proper selection of cases (only cases of true bronchial asthma should be selected for this treatment); (2) injection should be preceded by an examination of the blood for eosinophilia as most cases of true asthma show an increase of these cells; (3) patients suffering from chronic kidney lesions should be rejected.—*The Prescriber*.

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#### Surgery and the War

The physician during the war has had some opportunities of gaining valuable experience, but the surgeon has had more. The war has had a marvellous educative influence in many spheres of human knowledge. But, perhaps, the balance of advancement lies on the side of surgery. Recent books detailing surgical war experience are eloquent upon this advancement. There comes first the technique of wound treatment, involving methods of which no one surgeon in pre-war days could have dreamt. There is the detail of excising hopelessly destroyed

tissues and of leaving the wound unsutured until bacteriologically it is proved to be sterile. There is the Dakin-Carrell method of securing asepsis. Experience again with war methods has shown how tolerant the brain is of projectiles, and the excellent results that have followed brain surgery. In short, the surgical knowledge which has been gained during the war is of such magnitude and importance as to render pre-war text-books practically out of date. There is another aspect which suggests itself for reflection, namely, that in reference to the thousands of young R.A.M.C. surgeons to whom the war has afforded the opportunity of becoming experts in their art. The facilities for operative work have furnished invaluable means for acquiring surgical practice, demanding a resourcefulness in the case of severe war injuries, as well as the stimulation and development of every surgical instinct, all of which features must have tended to the expert equipment of the young officers concerned. It remains to be seen whether these, after the declaration of peace, will be prepared to adopt, or resume, general practice, with an equipment of new experience so strenuously acquired. It is probable that they will prefer a wider field for its practical employment. The same may prove to be true of the medical student who joined up as a combatant. Many, it is likely, will have learnt the attractions of a military life in comparison with a medical one, and will have no wish to return to medical text-books and qualifying examinations.—*The Medical Press*.

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### Malposition of Cervical Vertebrae

Cyriax (*Jour. of Laryng.*) has treated successfully a case of this nature. A projection in the nasopharynx simulated a bony tumor. A skiagram showed rotation of the axis vertebra, and in decreasing ratio a similar state of the third, fourth, and fifth cervical vertebrae. There was limitation of movement of the head to the left to about 65 deg., and to the right of about 80 deg. The spinous process of the axis on palpation was found to be deviated to the left, as also that of the third cervical spine, although to a lesser degree. Treatment by passive movements consisted in preliminary petrissage and stretching to relax the cervical muscles and ligaments, followed by rotatory movements in the direction of limitation. This was repeated for eight to ten minutes on fifteen occasions, and a skiagram



then showed that the articular process of the axis vertebra no longer projected in front of its body and no deviation of the spinous process was palpable. Later treatment was directed to improving the circulation in the cervical muscles by passive elongation in every direction.—*Birmingham Medical Review*.

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### The Treatment of War Psycho-Neuroses

The term "shell shock" has hindered the acceptance of a purely psychological explanation of the war psycho-neuroses, and its gradual disuse signifies the growth of a belief that the continuation of symptoms is not, save in a small proportion of cases, due to the physical effects of concussion or burial. Now that the psychical origin of the various symptoms is admitted, we find two methods of treatment which, though essentially different, seem to produce results that satisfy their advocates. In one method reliance is placed upon exercises, electro-therapy, and, it may be, drugs, such as bromides or valerian; the suggestive effect of physical treatment is usually admitted, and deliberate suggestion may be employed, with or without hypnosis. The patients are given employment in order to prevent introspection and are encouraged to forget their war experiences. By those who use the other method little regard is paid to the physical symptoms unless their immediate removal is necessary for practical reasons; thus mutism or paraplegia would be dealt with speedily in order to facilitate further treatment, but the thorough advocate of psycho-therapy would make no attempt directly to treat a stammerer or a hysterical gait. All the symptoms are regarded as caused by unpleasant or terrifying experiences which the patient is unwilling or unable to recall; when these memories are brought back and the patient is taught to face them his symptoms are permanently removed. This method is applied to hysterical conditions, and especially to the less obvious but equally important group which includes the phobias, obsessions, and anxiety neuroses. Its advocates claim that repression of varying degree is to be found in every case, a total amnesia for war experiences marking one end of the scale and a mere reluctance to speak of them marking the other. Hypnosis, word association, and dream analysis are among the means employed to revive the buried memories, and no patient is regarded as cured unless he can discuss his experiences freely and easily. The choice between the two theories

is not confined to students of the psycho-neuroses. We all have the alternatives of forgetting our troubles or unburdening ourselves of them: we generally tend to suppress the recollection of unpleasant episodes, and to a certain extent we succeed and retain our peace of mind. Those, however, who hold the second of the two views stated above, consider it unwise to encourage a man to cultivate amnesia for occurrences which have probably been the most emotional events of his life, more especially as, in their opinion, evidence is accumulating which leads them to believe that the recall of buried memories results in cure.—*British Medical Journal*.

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#### Acute Haemorrhagic Nephritis After Caterpillar Urticaria

F. Schmitz (*Münch. Med. Woch.*).—A medical man, who had never been seriously ill before, was stationed in Rumania where a certain hairy caterpillar is prevalent. It often causes urticaria by creeping over the skin. This happened to the patient. Dense wheals appeared over the whole of his body, with the exception of his face, hands and feet, and were excessively irritating. For three days there was no diminution of the urticaria, which was somewhat later accompanied by pain in the left brachial plexus, extending as far as the elbow, and greatly limiting the movements of the arm. On the fourth day the urticaria began to disappear, and by the fifth day the itching had ceased and the wheals had disappeared. But on this day he began to suffer from progressive malaise, and his temperature rose to 102.9°. His pulse became rapid and he suffered from severe headache and vomiting. In the evening he was dazed. A few hours later, after cold compresses had been applied and he had sweated profusely, full consciousness returned. Next morning the color of the urine was dark and an analysis showed all the features of acute hæmorrhagic nephritis. It ran a favorable course, and after four weeks there was not a trace of albumin in the urine. Four weeks later its sediment contained no pathological elements.—*The Medical Review*.

## Tissue-Repair in Convalescents

There are two important factors to be considered to hasten tissue-repair during convalescence after an acute illness: (1) The necessity of replacing protein wasted in the disease processes; (2) the debilitated condition of the digestive and assimilative organs from the same cause.

Caution and moderation must govern in the selection of food for the early days of convalescence, in order to restore lost elements and wasted energy.

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given with good milk, at the beginning and end of each day, until the digestive and assimilative organs have resumed their wonted physiological activity.

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## Miscellaneous

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### The Sequelae of La Grippe

Among all of the various acute and exhausting illnesses that afflict mankind, there is none that so generally results in distinct prostration as epidemic influenza, or La Grippe. Even the grippal infections which are uncomplicated or unaccompanied by serious organic changes are more than apt to leave the patient in a thoroughly devitalized condition after the acute febrile symptoms have subsided. It is for this reason that the treatment of La Grippe convalescence is of special importance. The anæmic, debilitated, depressed patient requires a systematic "booster" that will not only stimulate but revivify and reconstruct. It is distinctly wise, in such cases, to commence vigorous tonic treatment as early as possible, preferably by means of Pepto-Mangan (Gude), the hæmic builder and general reconstituent. This standard hæmatinic increases the vital elements of the circulating blood and, by increasing the appetite and improving the absorptive and assimilative functions, quickly restores both hæmic and general vitality.

---

### Footwear and Health

What do we do to our feet?

We raise them upon heels of such a height that they cannot balance the body as they are made to do, and we cramp them into such narrow boots that the muscles and joints are unable to have free play for carrying and moving the body.

Not only do we prevent the natural use of the foot, but by the present-day fashions we create disturbances of general health and many pains and discomforts.

Narrow-pointed boots and high heels are the authors of hammer toes, bunions, corns, weak muscles, falling arches, many of the back aches from which women suffer, and much of the eye strain and nervous irritability.

On the grounds of safety, high heels also are an evil, as is proved by reports from the United States, stating that during the year 1916, 1,149 people were killed and over 4,000 crippled from falling downstairs while wearing high-heeled shoes.

## **Appointments as Medical Examiners**

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This company was in fact founded to grant life insurance to persons below the average standard of fitness imposed by the ordinary life offices of that day. By its Act of Incorporation, eight of the Board of Directors must always be members of the Medical Profession. The long list of eminent physicians and surgeons who have served in this capacity is a recital of the leaders of the medical profession in Great Britain during nearly a century. Sir Richard Douglas Powell, (Bt., K.C.V.O., M.D., Physician in Ordinary to H. M. the King), is the present Vice-President of the Society.

It is upon the broad lines which this great company has proved scientifically and commercially successful, that the Empire Life Insurance Company of Canada purposes to proceed, and thus extend in the Dominion the protection of life insurance to a large class from whom it has hitherto been withheld.

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National efficiency and security have also been affected. According to one authority. "Sufficient men were rejected among the Canadian forces to form several battalions, on account of bad feet," while the American Museum of Safety states that 90 per cent. of the civilian population have feet more or less deformed, resulting in lessened efficiency, and one child in every five in the high schools in New York was found to suffer with weak arches, practically all due to tight shoes.

On the other hand, it has been shown that the feet of all non-shoe wearing races are perfectly normal and symptomless.

The fact of the matter is that while we cannot do without shoes in this country, we can at least see to it that our shoes do not cause injury to health. We have got this foot matter all wrong and our shoes are of wrong shape, they offend nature, they torture us, they cripple us.

A little thought will convince anyone that strong and useful feet are absolutely essential to good health and active life, and a determination to have shoes which will fit the natural foot will result.

If the public will demand a sensible shoe then the manufacturers will supply it.

CONSTANCE E. HAMILTON,  
*Footwear Reform League.*

---

### Treatment of Pneumonia

S. Solis-Cohen notes that in Type I. pneumonia there is a strictly specific anti-serum, produced by Cole at the Rockefeller Institute, that gives excellent results (95-97 per cent. of recoveries); there are no efficacious anti-serums for the other types of pneumococcus. The vaccine treatment has often been tried, and in general may be said to do no harm to the patient. Optoquin is inferior to quinine given in large doses; he has used the latter systematically for many years. The salt he prefers to employ is quinine and urea hydro-chloride; the initial dose by the mouth for a young, robust adult should be 25 grains or more, or 15 grains intramuscularly. The drug is repeated, in accordance with the clinical indications, every four hours until the temperature falls some two or three degrees, the dose being 10 to 25 grains as a routine, or less if the patient is improving. Pneumonia patients, he says, show a marked tolerance for quinine. Sometimes three or four doses only are



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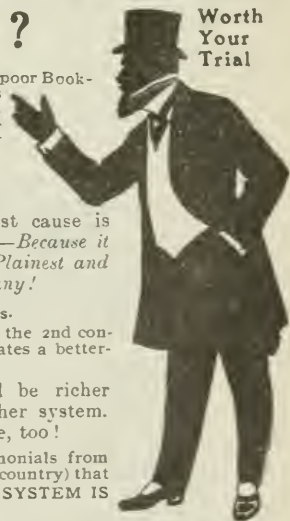
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required, in other cases 10 or 15. For tympanites in pneumonia pituitrin, or pituitrin alternating with eserine, is injected intramuscularly and repeated every hour. Digitalis may be administered with the quinine as described above; and the patients are encouraged to drink plenty of alkaline saline beverage to keep the urinary excretion up to four or five pints daily.—*N.Y. Med. Jour.*

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### A Remarkable Article

Four days after the commencement of the war, the medical journal known as *The Hospital* published an article, August 8, 1914, from which we extract the following:

"The present war in its origin rests upon moral degeneracy and an absence of sound judgment. Its authors have persuaded themselves that the money they have accumulated, the armaments and munitions of war which they have created, and the control of the enormous armies they have drilled to the use of these implements of destruction, will prove irresistible. A lunatic always believes that he is irresistible and not infrequently claims to be the Deity himself. It will be plain to all thoughtful minds that the nations of the earth should combine and quickly stamp out this war by placing the authors of it in safe confinement, out of mischief. Put very shortly, a relatively few madmen, fired by inordinate greed and ambitions, have, for their own purposes, converted Europe into a huge battlefield. When the civilized nations of the earth realize this to be so, it seems a certainty that every country possessed of a sane Government will spontaneously come forward and join hands with other resisting peoples with the view of stopping the demented and guilty beings responsible. Civilization demands the unity of civilized nations to guarantee the sober government of the world and the defeat of insanity."

Salonika! Have we forgotten the Salonika campaign? Many were surprised when the Bishop of London told the British public, about the middle of November, that there were then 1,600 nurses looking after 30,000 patients in and near Salonika. They were mostly wounded sent down to the base over almost trackless mountain paths.

In some of the hospitals in England and Scotland, they have arranged for one day's rest in seven for all the nurses.

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### The Café Coat Girl Discusses Doctors

"Frenchy, if I was a man there is one thing I wouldn't be and that's a doctor."

"No, mam'zelle?" said Jacques, the head waiter.

"Nix on that sawbones stuff," repeated the Coat Girl. "Just think how it would be if you was a dressmaker and never got no jobs except makin' over old clothes.

"No wonder people say that the M.D. after the pill-shooters' names means 'Mean Disposition.' They don't do nothing all their lives but try to fix up broken down machines.

"If they go to war, they don't get no chance to fight; all they do is to patch up them wounded guys who get the medals for outrunning the Huns in the marathon from Paris to Berlin.

"If they stay at home, they have to keep goin' day and night to fight the Spanish flu for a lot of people who never pay 'em till everybody else is paid, and as everybody else is never paid, they don't get theirs at all.

"It's a wonder to me how they live. I guess they must eat the pills left over from their cases.

"There ain't no union hours nor no union wages for no doctor, and you would think they certainly would organize.

"Looks to me, while the Government is striking off medals, they sure would make one for the doctor who dies in the course of duty, for it sure takes a brave man to be running around with his Vandyke whiskers a permanent battle-ground for a bunch of flu germs, and his wife afraid to kiss him for fear she will get the bunch of 'em."—*By Leah Evans, in "Century Press."*—J. A. M. A.

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### Concerning Fellowship with German Physicians

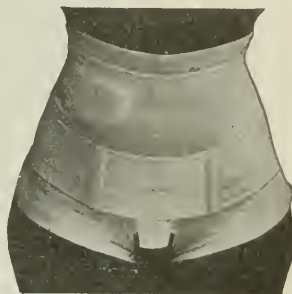
The war will probably soon be over, unless the Germans by some new act of treachery force the civilized nations to go in and beat them to the ground. When it is over the question will come up as to what we are going to do with the German medical men. Are we going to admit them to fellowship again as though nothing had happened? That is unthinkable, for the physicians of Germany have vied with the other professional classes and university men in spewing out their hatred of the decent nations and in gloating over the barbarism and unspeakable cruelty of their ruling classes and the army. We have been accustomed

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to think that the collective soul of the medical profession is farther along than those of most other professions and avocations—more altruistic and more humane. But we have left out of our thinking the brutalizing effect of Teutonic environment. We have forgotten our student days when we shuddered at the inhumanity displayed in their clinics by the leaders of the medical profession in Germany—the brutal disregard of the feelings, mental and physical, of the patients driven by their sufferings to seek relief even at a university clinic.

The German physicians are, just as we should have expected to find them, much of the same material as their military masters. When the German brutes were bombing hospitals and torpedoing hospital ships, did any German physician raise his voice in protest? Not one, or if there was one his feeble note failed to carry across the water. The German-medical journals not only published no protests but even expressed approval in some cases of the vilest atrocities. In the *Deutsche medizinische Wochenschrift*, the leading German medical weekly, for example, the editor, Dr. J. Schwalbe, wrote exultingly of the work of the submarine pirates in sinking the *Lusitania*, and sneered at President Wilson's mild remonstrances against the repetition of the crime. The editor of the *Münchener medizinische Wochenschrift* was also well pleased with this infamy. But the German doctors were not content with a passive approval of their country's disgrace, they were actively inhuman—looters and worse. The reports of their crimes are piling up, especially now that the prisoners are getting back from the hells of German cruelty and are relating their sufferings—tales of desertion of German doctors when epidemic disease appeared in the prison camps, of neglect in many cases to care for the prisoners' wounds, of incredible brutality in other instances in the treatment of the sick and wounded, of jeering at the sufferings of English officers weakened by loss of blood, blows, and starvation, of the theft of instruments from Belgian surgeons in whose homes they were billeted—but the list is too long. There is material for a large black book of medical crimes, less coarse, perhaps, but almost as cruel as those of the Bryce report.

Of course, every medical man in Germany is not a brute, for there are some exceptions to all rules, but all must expect to be accounted such so long as by silence they acquiesce in the brutal acts of their colleagues. Until the German medical profession as a whole repudiates those who have disgraced their



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calling we can have no dealings with any of the breed. The French scientific societies, including the Paris Academy of Medicine, have voted not to hold any intercourse with the scientists of Germany and Austria, and their example should be followed everywhere.—*Medical Record*.

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### The "Man in the Street" on Influenza

Few medical men in the past month have had either the time or the inclination to give ear to the views put forward by the "man in the street" on the etiology, pathology, and treatment of influenza, yet some of these views have been entertaining enough. In most cases the influenza has been considered as a result, more or less direct, of the world-war. It is possible that the cessation of the epidemic almost contemporaneously with the stoppage of fighting will confirm this view. According to one school the disease was due to the poisoning of the atmosphere of the globe by the diffusion of the poison gases used in warfare. Others inclined to the view that the poison was cadaveric in origin, and had emanated from the multitudes of dead bodies lying in the various battle zones. Another version of the cadaveric theory made use of fish as an intermediary. The poison came from the dead bodies which are popularly supposed to pave the sea-bed round our coasts, but it only reached man by way of his consumption of fish. Consequently, the eating of fish became suddenly unpopular. To other minds, of course, it was clear that war rations and, in particular, war bread were a sufficient cause. Scarcely more absurd than these views on etiology have been the suggestions as to treatment. Most of these appeared in letters to the newspapers. If one avoided trams and trains, churches and theatres, breathed through the nose, kept the mouth full of Condy's fluid, washed the hands in this, that, or the other disinfectant, one could not contract the disease. Some enthusiasts cried up the merits of vaccines, while others equally futile, regarded them as a danger that should be forbidden by the good sense of the community if not by law. And it must be admitted that some of the published views of members of the profession had as little common sense or science in them as those of the "man in the street."—*The Medical Press*.

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## Petrol Dermatitis

G. B. Page (*Practitioner*) calls attention to a condition of petrol dermatitis not uncommon in the Air Services. The condition is due to the more or less prolonged contact of petrol-soaked clothing with the skin, and is a fairly frequent concomitant of aeroplane crashes. Less frequently it is brought about during an ordinary flight by leaking tanks or connections, and occasionally is not related to aviation. The lesion produced resembles exactly a burn or scald of the first and second degree; that is to say, there is erythema and some vesication with a considerable amount of burning pain. The area involved is often large. As regards treatment, grease of any sort increases the discomfort. Lead lotion applied on lint or zinc-carbolic lotion (zinc oxide, 180 grains; glycerin, one ounce; one per cent. carbolic acid solution to 8 ounces) sponged on is the best application at first. This may be followed by a simple dusting powder when the symptoms subside, a process which is fortunately rapid. The affected limbs should be left uncovered in warm weather, or else a cradle used to support the bed-clothes.—*The Prescriber*.

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# The Canadian Practitioner and Review

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## Original Communications

### FEDERAL LEGISLATION ON VENEREAL DISEASES

BY PETER H. BRYCE, M.D.

*Chief Medical Officer, Interior, Ottawa.*

The progress of medical knowledge with regard to tuberculosis and venereal diseases, as with diphtheria, plague, etc., has been accompanied by an elevation of our ethical views in the matter of our duty to the public in controlling such diseases.

It has been the growth of exact knowledge with regard both to the cause and clinical and bacteriological phenomena presented by syphilis, which has especially drawn medical attention, and that of society, to the prevalence of the disease and its results. It is ten years since Wassermann worked out the reactions from patients suffering from syphilis; while the later discoveries of Noguchi of the spirochaete as the cause of the disease have enabled progressive Boards of Health to give official sanction to work undertaken with the idea of diagnosing this disease, and of organizing steps for its cure and prevention. Since the year 1911 the Department of Health of the city of New York, has undertaken officially to supply means for the routine examination of patients suspected of suffering from the disease. In 1912 a clinic was established by the Board of Health to which patients were free to go and have the test made. So naturally has the demand increased that clinics have been established in the various boroughs of the City of New York. These are open every morning and several nights a week and in 1916 the average daily attendance at the clinic was sixty-two, and the number of blood examinations made in the year fifty-six thousand. In Great Britain in 1914 a Royal Commission was appointed to study the venereal disease problem, and in 1916 brought in a report making definite recommendations which have been in large degree put into effect under the

Venereal Diseases Bill. The methods which are to be put into force by the Medical Officer of the Local Government Board whose position represents that of the official health officer of each province in Canada, are similar to those for enforcing the law regarding other contagious diseases so far as the two classes of disease are comparable, while the local county health officers are required to undertake the duties within their respective districts.

Briefly what has been undertaken in Great Britain is that literature is distributed to all practising physicians supplying details of the requirements of the Act. The Local Government Board requests County and Borough Officers of Health to make arrangements with hospitals for providing special clinics for free diagnosis and treatment. The work has been rapidly pushed forward since the beginning of this year in England. The Government Board undertakes general supervision of the carrying out of the Act throughout the whole country. It further provides that 75 per cent. of the expense of the work thus carried out by the local health authorities shall be borne by the Government. This goes even so far as to provide for the free transport of poor patients to the several clinics.

It is evident that nothing except the most thorough co-ordination of the machinery both of the general and local governments, assisted by the practising physicians, can serve to seriously lessen a disease whose origin and dissemination are in a category so different from that of the ordinary contagious diseases. It has been of course at once recognized that two essential difficulties attach to the successful dealing with the disease, viz.: that of obtaining knowledge of the existence of cases and that of regulating the actions of patients after they have come under treatment. In 1913, in four of the best New York clinics 8 per cent. only were discharged cured, 17 per cent. ceased treatment of their own accord and 70 per cent. ceased treatment unimproved.

The discussions of the situation at public meetings recently in London disclosed the fact, brought forth by the Attorney-General, that there was nothing in the existing law of England which rendered it criminal for a person suffering from venereal disease, and being cognizant of the fact, to communicate the disease to another. This matter is also being remedied by the amendment to the Venereal Diseases Bill, at present passing through the House.

In Canada, as elsewhere, the centres where these diseases are prevalent are always those where are aggregations of people in



cities, in camps and in other centres, resulting in a more or less unstable and drifting population. In centres where adequate sanitary organizations and Health Acts and regulations are already in existence a routine may easily be adopted adequate to the needs of the situation, as seen when outbreaks of smallpox, for instance, have to be dealt with. It is in such centres almost everywhere to-day that hospitals exist to which are attached physicians who shortly could be effectively trained for the scientific treatment and management of such cases. It goes without saying that to obtain adequate results a definite expenditure of public funds will be essential; but no objection can be raised on this ground, because the public realize that it is itself that is being protected. The very nature of the case, however, makes it evident that it is unreasonable and unfair to place the expense of the free treatment of patients upon any particular municipality, and hence it would result, as has been realized in England, that the general Government is the authority most immediately concerned in the interests of the whole people in enforcing the provisions of any Act of the kind indicated. But more than this, the expenditure of funds, whether federal or provincial, must carry with it an assurance that the regulations for carrying out the Act will be not only comprehensive, but also be the same for every Province and district in the country and further that with the regulations will go provisions for harmonizing and co-ordinating through official inspection the work in all the hospital centres especially organized for it. It is to be hoped that in Canada the serious dangers already existing will result in the early adoption of legislation and regulations adequate for the purpose of limiting the prevalence and lessening the ravages of this type of disease.

I have not touched on the point of notification and registration of cases of these diseases, since it is apparent that with the establishment of special clinics and the supplying of free salvarsan treatment, the desired ends of scientific inoculation and supervision of cases will automatically follow if certificates of cure can be given only through official channels and the absence of such make the liability to criminal prosecution for violation of the provision of law against contact always operable. It is, however, apparent in view of the diversity of provincial health laws and the supervision of hospitals and similar institutions in Canada that some general federal legislation for all Canada is essential to the successful treatment and control of venereal diseases. Assuming that the methods being worked out in Great Britain are applicable here, the situation demands that



there shall be a Public Health authority in Ottawa to administer through Provincial Boards of Health and hospitals the details, while arrangements must be made with provincial hospitals whereby skilled clinicians will not only diagnose the disease, but administer the specific cure.

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### **ASSESSING THE VALUE OF SYMPTOMS\***

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BY SIR JAMES MACKENZIE, M.D., LONDON, ENGLAND.

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It has been a great distress to me for many years to see how medicine is being diverted out of the true and proper direction. In the last forty years, what I call laboratoryism has dominated medicine completely. Now if any man has anything the matter with him, he is supposed to be examined by laboratory methods; and the physician wrings his hands and says, "Clinical medicine can make no advance until the laboratory gives us some new methods." I say, medicine has not been studied scientifically. A beginning has not been made.

When I come to a town such as this or any other abroad, as in France, Italy or Germany, I am always taken to the pathological laboratory and shown dead specimens with wonderful staining; or I am taken to the bacteriological laboratory and shown the growth of different microbes in different foods; or I am taken to the ward, and shown the signs of disease with X-ray photographs of the different complaints. Now, if I say I want to see these diseases, not at this stage, but in the very early stage, when they begin their deadly work, they say, "No one knows anything about that." It is when the disease has made the man hopelessly ill, that they study it with a minuteness and care that leaves nothing to be desired; but in the beginning stage, when the disease is curable, nothing is done, or what is done is left in the hands of whom? Look at the out-patient department, when the patients are in the early stage of the disease, when the disease is most difficult to detect, when it requires the greatest knowledge to perceive it, and when it is most hopeful for treatment; and who has charge of it? The youth without any knowledge. Time after time I have sat in

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\* Delivered before the American Association of Industrial Physicians and Surgeons, Chicago, Ill., June 10th, 1918.

the out-patient department and seen a man come up and say, "I am ill." They say, "What's the matter?" They look him over, and see no physical sign. They give him a bottle of medicine, and tell him to come back later. When he develops a physical sign, he is sent to the ward and treated by wonderful laboratory methods, until the disease ceases to interest them; but there have been no steps taken to study the early stages of the disease.

I was a general practitioner, and was educated at Edinburgh University, where they do the work very thoroughly according to present-day theories. I went into practice, and the cases that I saw were not the cases that I had seen in hospital practice. These people, nine or ten, came with vague complaints. I could not make out what the complaints were, and thought this was due to my own ignorance, and that it was because I did not understand the complaints; but I imagined that if my teacher had been there, he would have been able to tell me what the matter was. Consequently I looked around and tried to improve myself; and it gradually dawned on me that the knowledge that we want as general practitioners, does not exist. As my studies went on, I found that we were ignorant of the simplest elements connected with disease.

A man comes to you with a complaint of an irregular heart. The man says, "What is going to happen to me?" "I don't know," you say, "but here is a book; we will see." Do you think you will get the information? No. It does not exist. That occurs with every symptom. I will give you an instance in support of this.

When I was laying down these views to a friend of mine, who had been a most brilliant student at college, he said, "It is true. When I first went into practice, I was called to see a man who was ill and I said to his wife, 'Your husband has pleurisy.' She said, 'When is my man going to be fit for his work?' That woman had the key to philosophy that is missed by every man." He said "I was stumped. It had never been hinted to me that this was a question likely to be asked." Yet this is the question that you, as industrial physicians, are asked every day. There is a question called prognosis, which I call assessing the value regarding a man's future. It is a science of the first importance in every respect, and yet the very first step has not been taken to find out how that portion of medicine should be studied.

There is no use asking the laboratory man to do anything towards prognosis. A pathologist cannot tell, a bacteriologist

cannot, and a surgeon cannot; because, poor fellows, they see the thing only at the end of a long illness. If these men are incapable of teaching you prognosis, the question is, who is able to do this?

This is not an English question. It is an American question, and a universal question. I remember, for instance, an incident of this sort: A man, I think from Winnipeg, discovered that something was wrong with his heart. He consulted his local doctor, who pottered with him a few months and then sent him to a great city called Chicago. He was under treatment here for a month. Then they sent him to New York. He was there a month, and they said, "Go to Nauheim." On board the ship they told him to go and see me. As soon as he sat down, he did that.

I said, "What is your business in Winnipeg?" He told me. I said, "Take the first ship back, and attend to it, and never feel your pulse again." He wrote me that he did. This was eight years ago. If he had gone to Nauheim—well, I think that you Americans are to be blamed, because you have given the Germans a swelled head. I used to hear of the wonderful cures there, and I went there eighteen years ago and found cartloads of wealthy men there being cured. If there is one humbug on the face of the earth it is Nauheim. I never was so astonished as I was at the standardized humbug I saw there. I said, "Show me the men you are curing"; and they showed me neurotic men who had nothing the matter with their hearts. They showed me a little girl, and said, "She has an irregular heart. She fainted three months ago, and has irregularity." I said, "That is the sort of child that I send out to play in the fields." I went from one place to another, to see who did get better from lying in soda water or carbonic acid water. There is no cure. It is a pure game of bluff, neither more nor less. They had a following in London, because there is money in the job, you know.

How did this stupid Nauheim craze arise? Because we do not know the meaning of prognosis.

Going back to 1890, when Broadbent published his book on irregular pulse, you will find things described there in an indefinite vague manner, differentiation being based on no natural affinity. So I had to proceed to differentiate one form of irregularity from another, because if you are going to study the prognosis of any bodily symptom, you must separate that from others resembling it. It takes me a long time; but I find I've got to take a record of the simple pulsation with a radial pulse. It

was then that I found that the first attempt at scientific differentiation was made by that method. If any of you takes up original investigation, I cannot tell you with what pleasure you will discover a new future in medicine. I remember yet the woman from whom I was able to get a radial tracing in which the beating occurred, then a pause; and then the beating went on while all the time the auricle was beating regularly. Then it was that I first discovered that the ventricle could beat independently of the auricle. That led to the great expansion of the study of arrhythmia that had taken place since. It is characteristic of the conservatism of England that no one would publish my papers at first. It was only because I held a college position that some man who was short of material published my paper; and he was taken to task by a fellow of the Royal Society, who said, "You have made a mess of your journal, because you have let that MacKenzie write an article for you. No one knows who he is."

Knowledge is general. It does not belong to any one individual more than another; but if you were to ask why it is that what little honor has been given me was given—why, for instance, was I made a Fellow of the Royal Society?—they would say it was because I introduced laboratory methods into clinical medicine. That is all nonsense. The least thing I did was these mechanical toys. They say that I invented the polygraph. That was the least thing that I did. The invention was only to enable me to get a clear differentiation of one thing. The work that I did does not appeal to one out of a thousand physicians and surgeons. No laboratory men, pathologists or physiologists, can understand what I was doing. That is, trying to find out the symptoms. What I had said to myself from the beginning was, "What is going to happen to that man who has that irregularity, what will happen to a poor woman with an irregular heart?" I would go down daily and attend a woman in confinement, to find out how a woman with an irregular heart would go through pregnancy. If I found a working man with an irregular heart, I would have him come and see me once a month, and keep records. If a man got pneumonia with an irregular heart, I would attend to him to see what would happen to him. In that way, I differentiated the irregularity of no moment for those of serious kind. Many were of purely physiological origin. I had to begin to reconstruct the science of prognosis, to know how to make a prognosis; and that science has not yet entered on its elementary stage. That is why I am appealing to you folks, because it is to you that the future of medicine must look



to find out the value of symptoms. When your patient comes to you complaining of this or that pain, with an indefinite illness, you should make a careful note of all the symptoms that you are able to detect. Keep in contact with them as many times as you can. Then you will begin critically to see the meaning of the early symptom.

My purpose to-day in speaking is not to show you how the thing could be done, because that would take too much time, but to arouse your mind to the fact that there is a problem. Until you know that there is a problem, you will not try to solve it.

Then there comes the question of how that problem can be tackled. I do not know whether I can convey the idea clearly to your minds or not. There is needed a new outlook on medicine, a new regeneration in medicine; and if we are content to go on using the old methods that will never come.

I am not saying anything against laboratory methods. I told Dr. William Welch that he had a most pernicious influence on medicine, as I told Sir Almroth Wright; because the laboratory man, pathologist, bacteriologist, etc., should be the handmaid or servant of the general surgeon or general practitioner. Instead of being servants, they have raised themselves so high as to dominate the surgeon and general practitioner, and direct attention away from the only necessities of medicine. To show that I have the strength of my convictions—in London, up to three months ago, I had what probably every physician deems the best thing, one of the best consulting practices in London; but I could not get these ideas worked out. I said to myself, "If I stay here, I shall never get them worked out"; so I shut the office and went to St. Andrew's, and took up the work of a general practitioner. I have given up my work, to do something; if possible, to lay the foundations of a new conception that medicine actually called for.—*Abstract from Medical Standard.*

## Editorials

### CANADIAN MEDICAL ASSOCIATION

The next meeting of the Canadian Medical Association will be held in Quebec sometime in June, the exact date is not known at the time of writing, but it is expected that it will be in the third week.

This will be the fiftieth meeting since the formation of the Association in 1867, when the first meeting was held in the City of Quebec. Two meetings were missed in 1915 and 1916 on account of the war. Many thought it unfortunate that these meetings were not held at the times appointed; but, unfortunately, there was really no choice so far as the executive was concerned, because the local committees at the places selected simply could not make the necessary arrangements. It happens fortunately that the grand old City of Quebec will be at its best at that season of the year, and we are told that Dr. Grondin, the President, and Dr. Vallee, Local Secretary, have been at work for some time. With them are working the various local committees, and the preparations are said to be about, if not quite completed.

It is probable that a fair number from the West will be in attendance. We hope the Province of Ontario will attend in full force. The trip by water at that season of the year is, we believe, the most delightful in the world; and we are assured that the whole profession from the Province of Quebec will extend a cordial welcome to the visiting members.



## MOUTH INFECTION

We are told that Colonel Roosevelt's death was due to a diseased tooth. Such a statement, whether true or not, is apt to draw our attention to the great importance that is now attached to healthy teeth by dentists, physicians and surgeons, especially in North America.

Dr. C. H. Mayo tells us the crowned may cover a multitude of sins. Many dentists say that the really dangerous tooth is the dead tooth, which has been killed by the removal of its nerve, and advise the extraction of every such devitalized tooth. Many of our dentists and physicians of Toronto, like their fellows in other parts of Canada and the United States, are now using the X-ray for diagnostic purposes, and because of the knowledge thus gained are advocating and carrying out more radical methods of treatment.

Dr. Oliver Osborne, in the *New York Medical Journal* (January 18th, 1919) tells us: Pivoted teeth, crowns to the gums, and bridges to the gums, are menaces to health, because of the infection which they so frequently cause. He also says mouth infection can cause rheumatism, neuritis, endocarditis, boils, carbuncles, various skin diseases, thyroid gland disturbances, pernicious anæmia, leukæmia, and perhaps ulcer of the stomach or duodenum, appendicitis, nephritis, chronic endarteritis, and other diseases.

Dr. Osborne also relies much on the X-ray examination, but warns us not to expect too much from it. An X-ray picture of a tooth cannot show infected pulp; therefore, when a tooth, innocent as to X-ray demonstration, is tender, and appears to

cause pain in the gum, face, eye, ear, or neck, that tooth should be investigated, and probably should be removed.

We understand that many dentists in Toronto and other parts of Canada freely acknowledge that some faulty work has been done in the past, but the improvement in the methods adopted during the last two or three years is very marked. We are glad to be able to tell this, as we believe that our dentists are equal to the best in the world.

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#### THE AMERICAN PUBLIC HEALTH ASSOCIATION

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THE meeting in Chicago, December 9-12, was the largest in the history of the Association, and was in many respects a pronounced success. We offer our congratulations to the President, Dr. Charles J. Hastings, who delivered an excellent address, and as chairman acted with grace and dignity.

Of course the important subject for discussion was influenza. For some time before the meeting this was generally understood, and a good deal was expected by those in attendance. On the first day of active work there was an admirable discussion, which pleased everybody. During succeeding days the discussions were chiefly talking matches, although occasional intelligent, thoughtful and instructive addresses created great interest. There was much talk about vaccines, serums, masks, closing schools and other places where people are congregated, and numerous other matters which was, to a considerable extent, neither correct nor instructive.

At a certain time, when the listeners were weary and the atmosphere darkened, Victor Vaughan got up and fired off some hot shot at about the same rate as the most rapid-firing modern machine gun spits out bullets, smashed a host of bubbles and puff-balls, and clarified the atmosphere almost "in the twinkling of an eye."

On the whole the discussions were disappointing to those wanting new light, and much was expected from the much-talked-of bulletin which was being prepared. When finally it appeared those who had waited found a valuable and carefully prepared treatise, very lengthy and rather prosy, instead of what we think a bulletin should be, a short statement of known facts with, in this instance, practical hints regarding the prevention of the disease, and also the prevention of fatalities after its occurrence.

There were present many from Canada, and all of these appreciated very highly the kindness and courtesy invariably extended to them by the profession of the United States, including Chicago, and also the lay residents of the great Western city.

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#### THE JERUSALEM EYE HOSPITAL

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"The Ophthalmic Hospital of St. John in Jerusalem appeals for assistance to rebuild. It is the only hospital of its class in Palestine, where eye diseases are epidemic, but having been used by the Turks as an ammunition store, was partly blown up by them on their retreat. The Hospital is maintained by the Order of St. John in England, and

the Order now hopes to secure an endowment of 50,000 pounds to maintain and extend the work. Such a fund would help to mark the liberation of Palestine from Turkish rule, which has endured for over six hundred years.

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#### THE CANCER MENACE

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Dr. Carstens, of Detroit, tells us, in an interesting paper, which he recently read before the Wayne County Medical Society, that one woman out of every eight, and one man out of every thirteen dies of cancer. One of the Directors of a large Life Insurance Company says: "What are you Doctors going to do about cancer? It is becoming more and more prevalent and is a disturbing problem for Life Insurance Companies."

When a cancer is small no lymphatics are involved; and, if we then cut it out, we actually remove the disease. Early diagnosis therefore is all important.

Dr. Carstens thinks that every medical man should constantly have before his mind the possibility of cancer, and should always be looking out for the disease. When a patient complains of soreness in the breast, excessive flowing, or chronic irritation of the skin, the Doctor should always think of cancer! cancer! cancer! Dr. Carstens has also advocated a certain day in the year to be called "Cancer Day" when every newspaper in the country should print an article on the subject, and every minister should preach from the pulpit on the cancer question, and every Doctor should talk all that day wherever he goes on cancer! cancer! cancer!

He really wishes to impress upon our minds the importance of early diagnosis, and the necessity for always keeping in view, even in cases which may appear rather trifling, the possibility or probability of cancer.

“Until we find the real cause or some specific cure we must allow ourselves to be accused of having cancer on the brain by preaching day in and day out the story of cancer! cancer! cancer!”

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#### THE USE OF NARCOTICS

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We are told in the daily press that the number of drug addicts in Ontario has reached an alarming size, and is rapidly increasing. The evil is said to be far worse now than it was under the regime of the licensed liquor trade. Not only in large cities, but in the smaller towns, the drug evil has reached such proportions as to be a public menace. It is really unchecked, because if an addict wants the drug he can get it with comparatively little trouble. It is stated that the present law is really a good one, but indifference in its enforcement is given as the reason for the spread of the evil.

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#### THE MANUFACTURE OF CHEMICALS

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During the last two or three years Canadian enterprise has produced good results in the manufacture of chemicals, and the prospects of still better results in the near future are bright. Soda ash was formerly one of the most important chemicals imported into Canada. We are told that in the



future a sufficient quantity for all our needs will be made in Ontario.

Another important achievement is the successful manufacture of Acetyl Salicylic Acid, which, before the war, was imported from Germany under the trade name of Aspirin. Now we are making all we want for Canada; and, in addition, are exporting more than half our output to Great Britain, South Africa and Japan.



## News Items

It is reported that the Bayer Chemical Co. has been sold to the Sterling Products Co. for \$5,300,000.

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An effort is being made in Windsor and neighborhood to unite the Health Boards of the following municipalities: Ford, Walkerville, Windsor, Sandwich, and Ojibway.

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Mosquito-borne diseases. — Four have been absolutely demonstrated: Malaria (three types), Yellow Fever, Dengue, Filariasis. Various other infections have been pretty well demonstrated to be at least occasionally conveyed by mosquitoes.

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Among the nurses graduating at the Stratford General Hospital, January 23rd, one of the prize winners was Miss Florence Cavell, of Owen Sound, cousin of the martyred Edith Cavell.

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The Directors of Wellesley Hospital, Toronto, announce to the profession that a new X-Ray equipment has been installed in the hospital. It will be under the charge of Dr. Chas. E. Treble, who will supervise all work done in the department of Röntgenology.

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Sir William Peterson, Principal of the McGill University, had a stroke of paralysis, January 12th, while presiding at a public meeting in Emmanuel Church, Montreal. He was removed to the Royal Victoria Hospital, where it was discovered that the entire right side was affected.

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At the last meeting of the American Health Association Dr. Peter H. Bryce, of Ottawa, a former President of the association, was elected to honorary membership. Dr. Bryce has been one of the most active workers in the association for 35 years.

The Soldier's Civil Re-establishment expect to erect a new hospital near Woodbridge, Ont., about fifteen miles north of Toronto, to cost \$500,000. The site consists of 175 acres, and it is expected the cost will be borne jointly by the Provincial and Federal Governments. It is to be used for patients with tuberculosis.

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"Bip" is one of the few words that will be added to the dictionary as the direct outcome of the war. "Bip" is a combination of bismuth, iodoform, and paraffin paste, and is the name given by Dr. Rutherford Morrison. By the new process the destroyed tissues and infected areas are excised, the parts thoroughly drenched with pure spirit, and, after the application of a thin layer of "bip," the wound can, in many cases, be sewn up immediately, with every prospect of primary union, and no further distress to the patient.

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The Princess Mary had her first outing since she became a "grown-up." She went over to France and remained ten days in regions close to the fighting line. She describes the ten as the most interesting and exciting days of her life. Among the gifts which she received, and now has on exhibition in her private room in Buckingham palace, and one which she prizes very highly, is a little brass box presented by the F.A.N.Y. (the Field Ambulance Nursing Yeomanry). She wears on her right wrist a little gold identity disc given her by the V.A.D's. in France, and inscribed "Her Royal Highness Princess Mary V.A.D." She also values very highly a "surprise present" which was handed to her on board the Boulogne boat. The surprise came from the Military Nursing V.A.D.'s under Dame Maud McArthur and contained a box made from the bases of two shells, presented by the V.A.D's. in France.

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#### RECENT GRADUATES FROM QUEEN'S MEDICAL COLLEGE, KINGSTON

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The degrees of Doctor of Medicine and Master of Surgery are announced at Queen's Medical College. The graduating class is the largest in the history of Queen's Medical School. The following are the Ontario names:—

L. H. Appleby, Clarendon; G. L. Bell, Canfield; A. Broome, Renfrew; C. H. Carruthers, Sarnia; C. S. Dunning, Toronto; A. Eaton, Carlisle; S. Fallis, Millbrook; K. C. Forsyth, Ottawa; G. F. Goodfellow, Parham; G. F. Guest, B.A., Ballycroy; A. B. Haffner, Kingston; J. E. Hammett, Tweed; J. S. Hanley, B.A., Kingston; L. M. Hanna, B.A., Lyn; J. M. Hazlett, B.A., Kingston; W. L. Higgins, Inkerman; E. J. Kaliel, Parry Sound; J. A. Kearney, B.A., Westport; W. H. Leahy, Peterboro; W. H. Lees, Peterboro; M. T. MacAvelia, Kingston; J. C. MacGregor, Douglas; A. C. MacMillan, Avonmore; R. C. McCullough, B.A., Markdale; A. G. McGhie, M.B., Kingston; B. T. McGhie, M.B., Kingston; D. H. Nichol, Owen Sound; M. Parker, B.A., Dunford; W. S. Patrick, Kingston; H. A. Pelton, Kenapville; S. H. Perkins, Brockville; E. H. Peterson, Kingston; C. Reist, Preston; G. W. Runnells, B.A., Kingston; E. J. Rutledge, Dunrobin; J. F. Stones, B.A., Perth Road; J. E. Swartz, Goderich; E. E. Topliff, Bath, Ont.; J. B. Tucker, Orono; P. R. Urie, Guelph.

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### PUBLIC HEALTH IN NEW BRUNSWICK

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In accordance with the Public Health Act passed 1918 the Province of New Brunswick has been divided into three health districts, each under the supervision of a district health officer. The Act also provides for a chief health officer; a chief medical officer, and a chief of laboratories. Special attention will be given to child welfare. The Board of Health at present consists of Drs. Wm. Roberts, Geo. Melvin, Harry Abramson, Francis Desmond, Jno. F. Brown and Jos. Wade.

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### ONTARIO MEDICAL ASSOCIATION

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The thirty-ninth annual meeting of the Ontario Medical Association will be held in Toronto on Wednesday, Thursday and Friday, May 28th, 29th and 30th, 1919.

The Committee on General Purposes will meet on Tuesday, May the 27th, at 2 p.m.

The chairmen and secretaries of the various sections are as follows:—

#### MEDICINE.

Chairman, Dr. John Sheehan, Toronto. Secretary, Dr. F. C. Harrison, Toronto.

## SURGERY.

Chairman, Dr. Edmund E. King, Toronto. Secretary,  
Dr. T. A. Robinson, Toronto.

## OBSTETRICS AND GYNÆCOLOGY.

Chairman, Dr. B. P. Watson, Toronto. Secretary, Dr.  
Gordon Gallie, Toronto.

## EYE, EAR, NOSE AND THROAT.

Chairman, Dr. F. C. Trebilcock, Toronto. Secretary, Dr.  
J. C. Calhoun, Toronto.

Every effort is being put forth to present a programme that will be of interest to all practitioners, and we trust that the members of the Association throughout the province will keep the above dates in mind, and let nothing prevent them from attending the Victory meeting of our Association.

Dr. G. Stewart Cameron, Peterborough, President.  
Dr. T. C. Routley, Toronto, Secretary.

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CENTRAL ONTARIO HOSPITALS FOR INSANE

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The following seven hospitals of Central Ontario, Port Hope, Lindsay, Bowmanville, Oshawa, Cobourg, Peterboro, and Belleville, have formed an association. Mr. Jno. D. Hayden, President of the Cobourg Hospital Board, is President, and Dr. Henry, of Oshawa, Secretary.

## Personals

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The Pasteur Institute in New York has been closed after doing active work for thirty years.

Dr. Walter W. Wright has returned from overseas and resumed his practice at 143 College St., Toronto. He is confining his practice, as before, to diseases of the eye.

Dr. (Capt.) James T. Campbell (Tor. 1910) who was acting for some time as O.C. of the Military Hospital at St. John's Que., removed to Toronto January 24th.

Dr. (Major) Fred Cleland was well when last heard from. A letter recently received was dated Dec. 21st, and came from "Somewhere in Siberia."

The Rockefeller Foundation is said to have spent twenty-one millions of dollars in war work. In future it will spend money in fighting disease in all parts of the world.

It was reported in the daily papers of Toronto, January 13, that Dr. (Col.) Herbert A. Bruce would be married to Miss Angela Hall, Upminster, Essex, England, February 4, and return with his bride to his home in Toronto in March. \_\_\_\_\_

Dr. J. R. Smith, formerly House Surgeon in the New York Eye and Ear Infirmary, announces that he has opened an office at 60 College Street, Toronto, and will confine his practice to diseases of the nose, throat, ear and eye.

Dr. (Capt.) Henry Crossweller, of the C.A.M.C., returned recently to his home in Windsor. While overseas he had a varied experience and was for some time held prisoner by the Germans at Cologne and Hanover.

Dr. (Major) S. H. McCoy, of Toronto, was recently reported ill in London, Eng. He is reported to have been mentioned for "valuable services" in March last while acting as O.C. of one of the military hospitals in London.



Bishop Fallon expressed his opinion of the Ontario Government Hospital at Orpington, Eng., last October as follows: "It is a glorious institution, well worthy of all the money and of all the time and of all the effort that has been spent upon it to bring it to its wonderful state of perfection."

Dr. (Major) Brefney O'Reilly, Toronto, has been awarded the decoration of O.B.E. (Order of the British Empire). Dr. O'Reilly joined the staff of the Military Hospitals Commissions in Toronto in December, 1915, with the rank of lieutenant; he was promoted to the rank of captain in 1916 and major in 1918. He was attached to the Royal Flying Corps in 1917 and became senior M.O. of the corps in June, 1918.

## Obituary

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### AMOS FRANK BAUMANN, M.D.

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Dr. Baumann, of Waterloo, died at his home, November 25, from heart disease, aged 67. He graduated from Trinity University in 1885.

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### CHARLES ANTHONY JONES, M.D.

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Dr. C. A. Jones, one of the oldest and most highly respected physicians of the Province, died at his home in Mount Forest January 18th. He was the brother of Mr. Alphonse Jones, and father of Dr. Warner Jones, of Toronto. He graduated M.D. from the University of Victoria College in 1866.

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### JAMES B. AUSTON, M.D.

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Dr. Auston died at his late residence, Cobocoak, January 12th, aged 35. While he was working overtime, looking after his influenza patients, he had a bad fall on his own doorstep. Pneumonia soon developed and he died after a short illness. The body was brought to his old home in Brighton and buried January 14th.

He graduated M.D. from McGill University in 1906. He was beloved by his patients and intimate friends in Cobocoak, and his native town, Brighton.

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### JOSEPH B. BISSELL, M.D.

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Dr. (Major) J. B. Bissell, of New York, president of the American Radium Society, died at the Mount Sinai Hospital, New York, on December 1st from acute leucæmia associated with streptococcus infection, aged 59. He was one of New York's best known surgeons, and was, at the time of his death, Clinical Professor of Surgery in Bellevue Medical College, and was on the staffs of the following hospitals: Bellevue, St. Vincent's, German and Ossining.

**PHILIP HOWARD SPOHN, M.D.**

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Dr. Spohn, for many years a resident of Penetanguishene, died November 14. He graduated M.D. from Victoria University in 1869, and soon after commenced practice. He commenced early in his career to take an interest in public affairs, and was the first reeve of Penetanguishene; was elected M.P. for East Simcoe in 1891; was surgeon to the Reformatory for boys; was superintendent of the Hospital for Insane, Penetanguishene, for many years, but resigned and gave up all active work about two years before his death.

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Prince John, the youngest son of King George died at Sandringham, aged 13, on January 18th. From infancy he had suffered from epileptic fits, which lately had become more frequent and severe. After an unusually severe attack at 5.30 p.m. he passed into a deep sleep, during which he died so quietly that it was not noticed by the attendants for some time after he had ceased to breathe. It is stated that he had a singularly happy disposition, and was the prime favorite of all classes, and the idol of the servants and tenants at Windsor.

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Mrs. Smith, widow of the late Dr. George Smith, of Stratford, died January 4.

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Arthur B. Vardon, only son of the late Dr. T. W. Vardon, of Galt, died January 7.

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William Tertius Caven, only son of Dr. W. P. Caven, of Toronto, died at the family residence January 9. He had been in rather poor health for some time, but last summer he improved so much that complete recovery was looked for. As he grew worse in the fall his parents decided to take him to California. When he grew worse in Christmas week they decided to postpone the trip. He had a well-balanced mind, which promised to develop into something like that of his grandfather, Rev. Principal Caven. He was always a charming and lovable boy.

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**RICHARD A. REEVE, B.A., M.D., LL.D.**

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Dr. R. A. Reeve was actively engaged in his professional work, and apparently in good health up to January 27. On the evening of that day he attended a committee meeting in the University, which lasted until midnight. He walked with the President over to St. George Street, and then on to Spadina Avenue to catch a Belt Line car. At the corner of Spadina and Harbord he staggered and fell. A policeman, who saw him fall, went to assist him, found him dead.

He was born in Toronto, 1842; graduated B.A. from Toronto University in 1862; M.D. from Queen's University in 1865. Shortly after he commenced practice in Toronto, and was assistant surgeon, Toronto Eye and Ear Infirmary, 1867-72. He was also appointed oculist and aurist to the Toronto General Hospital. He was lecturer on ophthalmology and otology in the Toronto School of Medicine, and became professor in the University of Toronto in 1887. He received the honorary degree of LL.D. from Toronto in 1902; also the same honor from McGill and Birmingham in 1911. He was Dean of the Medical Faculty of Toronto University from 1896 to 1908, and President of the Alumni Association from 1904 to 1907. He was President of the British Medical Association at the meeting in Toronto in 1906; and was also president of many Canadian medical associations, including the Canadian, Ontario and the Toronto Academy of Medicine. As a specialist he excelled, especially as an oculist, and as such had a world-wide reputation.

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**AN APPRECIATION OF DR. R. A. REEVE**

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JOHN HUNTER, M.B., TORONTO.

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It is not only fitting that the leaders should pay their tribute to the memory of a departed peer, but it is also becoming for those of the "rank and file" to pay their respect to the memory of one of their most distinguished leaders. The many, and varied, and the noble accomplishments of the late Dr. Reeve specially qualified him for the exalted position of leadership. He adorned all his splendid attributes with such a nobility of character, and by such tireless devotion to duty, that he made of himself a veritable and powerful "search-light" for the "rank and file" of the medical profession, by illuminating their path-

way, by revealing to them scientific knowledge, acquired by broad culture, keen observation, and by wide experience, but also by revealing to them many of the pitfalls into which their unwary feet were liable to stumble when misled by false theories and irrational methods.

During the past half-century hundreds of young men came into the city and as "raw recruits" joined the medical army. Many of these came in contact with Dr. Reeve, and all alike can bear the most ample testimony to the erudition, skill, and courtesy of their teacher. Many of his confreres, and of his students, have listened to the greatest teachers in their own and in other lands, and yet it would be perfectly safe to say in their presence, that rarely, if ever, they heard a teacher speak with a broader or more accurate conception of his subject than Dr. Reeve had. The statements of other eminent men have been challenged, yes, and even repudiated; but who even felt like challenging a statement of Dr. Reeve's or had the audacity to repudiate one of them?

His style of address was almost unique in its modesty of expression, and in the precision of the language used. All thoughts of self, all the lusts of ambition, of fame, of wealth were so completely submerged, that not one of these produced even a ripple on the placid surface revealed by the innate virtues in his character.

Dr. Reeve's life is an "object lesson," and a "challenge" to all medical men, but especially to the middle aged, and to the young. It is an "object lesson" in calling attention to the indisputable fact, that true nobility of character is no handicap to honorable and enduring success. Viewed from the highest standpoints, no other physician in Canada has achieved greater success than Dr. Reeve, and he achieved it through unselfish love of his fellows and of his profession. His presence at any medical gathering was always a benediction. He held to the truth with dauntless courage, but his words were never harsh, or unbecoming to a gentleman.

His long, happy, and very useful life is a "challenge" especially to the young and to the middle-aged not to forfeit their hereditary claim to a virile, useful, and happy old age, for the "Mess of pottage" offered to them by the morbid lust of popularity, fame, riches, or the baser vices. Dr. Reeve held high the "Torch" brilliantly lighted by the best in the traditions, in the science, and in the art of medicine, and from his hands now cold in death this "Torch" passes to our young, and middle-aged men. "Will you fail him?"

There can be no armistice made with disease, disability and



death; so this "Torch" must be carried on by the living. What the spirit of Colonel Dr. John McCrae said to his soldier companions Dr. Reeve's spirit is saying to-day to medical men:

"Take up our quarrel with the foe.  
To you from falling hands we throw  
The 'Torch'—be yours to hold it high,"

And will the noble response be heard?

"Rest ye in peace, ye honored dead.  
The fight that ye so bravely led  
We've taken up, and we will keep  
True faith with you who lie asleep."

## Book Reviews

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*The Diseases of Infancy and Childhood.* Designed for the use of Students and Practitioners of Medicine. By HENRY KOPLIK, M.D., attending Pædiatrist to the Mount Sinai Hospital; Consulting Physician to the Hospital for Deformities, etc. Fourth edition, revised and enlarged; illustrated with 239 engravings and 25 plates in color and monochrome. Lea & Febiger, Philadelphia and New York. 1918.

Since the publication of the previous third edition of this standard text-book in pædiatrics a great deal of advance has been made in this field of medicine, particularly, perhaps, along the line of chemical physiology and pathology in infant feeding, and such metabolic disturbances as acid intoxication. These are fully discussed in the light of the most recent accepted opinions, as also are the latest developments in certain of the acute infectious diseases, as meningitis, poliomyelitis, diphtheria, syphilis and tuberculosis. It is unnecessary to say that the whole work has undergone a complete revision and that many new cuts and colored plates, diagrams, tracings, etc., are shown. It is, indeed, safe to predict that this new edition of Koplik's Pædiatrics will receive the same hearty endorsement granted by the profession to previous editions.

## Correspondence

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I have been informed by Dr. Porter that in a letter, dated Oct. 3, he wrote in part as follows: "... In regard to any supposed friction regarding control of programme, I can only speak of the Canada Tuberculosis Association, and in that there was no attempt on the part of any Hamilton men or local committee to control it in any way, nor did any friction arise in regard to same.

"Our Association and members received every courtesy while in Hamilton, for which once more I express on their behalf our thanks.

"(Sgd.) GEO. D. PORTER,  
"A.H.W."

## Selections

### THE SPECIFICITY OF PFEIFFER'S BACILLUS

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Is there a characteristic organism of influenza, and if so, must it be affirmed that that organism is the much debated bacillus of Pfeiffer? In discussing this matter attention may be drawn to the latest evidence founded upon data obtained from the present epidemic. *Ex parte* statements do not help us; the subject belongs entirely to the domain of the bacteriologist. Upon bacteriological inquiry rests the proof of the relationship between Pfeiffer's bacillus and influenza. This point is exhaustively dealt with in a report issued from the bacteriological laboratory of the French Army. This report will be found in a recent number of *La Presse Medicale*, by Majors Orticoni, Barrie and Leclerc. A common agreement, it states, seems to exist that the present pandemic, in its symptomatology and progress, generally shows the same features as the epidemics of 1833, 1847, and 1889, although differing in certain points. One point is that influenzal attacks during the hottest period of the current year were accompanied by pneumonic or broncho-pneumonic complications, whereas in 1889, the incidence of these complications in the winter months had led to the belief that they were associated with the seasonal conditions. In 1892 Pfeiffer discovered the bacillus known by his name, attributing to it the pathogenic source of influenza. Confirmation, however, of his researches has been lacking in this respect. The specificity of the organism, so far as influenza is concerned, has now been shown to be doubtful. Novecourt and Paisean have discovered it in connection with the respiratory complications of the eruptive fevers in childhood. Again, it has frequently been found in tuberculous sputa. Meunier has assigned to it the pathological origin of some cases of meningitis, while in view of these researches many authors have come to consider it "as a saprophytic organism, which, while not a common one, rarely entails severe morbid manifestations."

Included in the report from which this quotation is taken, are the results of some bacteriological researches which the authors have undertaken on their own account. In a series of cases of mild influenza observed in May and June last, they were unable to detect the Pfeiffer bacillus, or even the micro-

organisms usually associated with respiratory affections. On the other hand, in a series of cases complicated with serious pulmonary or pleurotic symptoms, it was possible to isolate a bacillus in many instances having the morphological and cultural characters of the Pfeiffer type. In almost all of these cases this bacillus was met with in association with other micro-organisms. In the sputa the pneumococcus was found to be the predominating micro-organism "even in the white, aerated and frothy exportations that do not exhibit the pulmonary type," whereas no trace was present of Pfeiffer's bacillus. One important fact upon which the authors lay stress transpires from these researches, namely, that they were able to detect and isolate Pfeiffer's bacillus in the blood and pleural fluid of a certain number of influenza patients. In conclusion, they ask "Can it be stated that this microbe, whose specificity has been so much discussed, is the real causative agent of the present pandemic? This would be a premature affirmation. Further research may yet permit us to determine whether this organism does actually play the chief role in influenza, or whether it is only a satellite of secondary association." Such is the expression of opinion to which the authors have been led, after conducting a series of careful researches. But if Pfeiffer's bacillus cannot be regarded as the specific organism of influenza, what is the connection of this organism with tuberculosis and other diseases, as shown by various observers? Elusive as it may be, the bacillus must still play a part in the origin of morbid changes. But what is that part which it plays?—*The Medical Press*.

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### Pity the Paretic

Under the present system of military practice, when a soldier is discharged from the United States Army for physical or mental disability, the question at once arises whether this disability was acquired in "line of duty" or not; if so, he is given an honorable discharge and a pension, if not, a dishonorable discharge and no pension. In other words, he is kicked out. A disability due to syphilis, unless an extragenital chancre can be definitely proved, is considered due to the soldier's own misconduct and hence not in line of duty. The extragenital chancre may have had its origin in kissing a prostitute. No matter, it is in line of duty. That is, it is a duty to kiss a prostitute, but misconduct to have intercourse with her.

When we consider that of the hundreds of thousands of soldiers who have served in the United States Army before, we will say, venereal prophylaxis came into use, doubtless there are very few who have been soldiers any length of time and have not indulged in some extralegal intercourse and hence exposed themselves to lues. (As to the possibility of contracting syphilis from marital intercourse we will say nothing, for fear of being accused of cynicism.) Of this number some contract syphilis, others, more lucky, escape. Of the former, a few—three or four in every hundred—years later develop nervous syphilis. Why they do, and others do not, no syphilologist has yet been able to tell us. Certainly it does not appear that when a patient has contracted syphilis he can prevent the possibility of paresis by any medicine or treatment, mode of living, charm, or incantation. Thus we see the situation—not an exaggerated one or fanciful, but occurring every day—of a soldier being treated for syphilis by military surgeons, its existence a matter of record in the War Department; we see this soldier honorably discharged at the end of his enlistment with *conduct excellent*, accepted for another enlistment, and another and another, promoted to corporal or top sergeant, serving the Government faithfully and conscientiously for ten, fifteen, or twenty years, marrying, having children, and assuming the responsibilities of a family man, and then paresis develops. The diagnosis at once sets in motion the chain: due to syphilis, not in line of duty, due to patient's own misconduct, dishonorable discharge, no pension.

Anyone who has followed a paretic through his brief course of fatuous grandeur, convulsive seizures and wasting away, who has seen these men admitted in the early stages to the insane asylums, apparently in the best of health, and seen them within a few months wither away to noisome living skeletons, as if the curse of some malignant Deity lay heavy on them, will not believe that an iota should be added to their punishment. Let us not then take a faithful soldier who, after serving his country many years, becomes afflicted with this awful curse, and kick him out in disgrace, leaving his family paupers. It is well enough to let the moralists mouth platitudes; perhaps he has done wrong and should be punished. But what more fiendish punishment could the mind of man conceive than general paresis? If he has danced, he is paying the piper with his life.—*Medical Record*.



# Caffein and Cardiac Disease

Persistent interference with the rhythmical functioning of an organ will inevitably induce organic disintegration.

The habitual daily use of coffee and tea, both containing the alkaloid, caffein, a well-known cardiac stimulant, sooner or later **must** result in harm to the heart's functional and organic integrity.

Is it not the duty of every physician to induce those of his patients who are injuring themselves from tea or coffee drinking to leave it off?

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## Miscellaneous

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### The Significance of Marbled Nails

There are numerous minor diagnostic symptoms and signs which the observant physician notes, and which sometimes greatly aid him in arriving at a correct diagnosis or prognosis. In fact, the ability to observe such symptoms and signs, to tabulate them, and to apply to each its value as a means of coming to a conclusion is in great measure what differentiates the skillful from the ordinary physician. It is certain that effective treatment cannot be given unless the diagnosis is correct, and it is only by acute and comprehending observation of various minor points that the physician is able to say with any degree of certainty what the originating cause of the malady is and to attack it at its root. In the *Medical Press* of August 7, 1918, Dr. R. Sabouraud, of Paris, discusses the prognostic symptomatic significance of "marbled nails." Marbled nails—that is, finger nails with one or more small white patches—are nails on which there are multiple transverse white patches, and according to Sabouraud are of definite diagnostic and prognostic significance. In men, marbled nails are less frequently met with than in women, but on the other hand they are more characteristic. They are usually associated with the pretuberculous period, with neurasthenia, and with chronic alopecia. Sabouraud has met with it in its maximum degree in the subjects of exophthalmic goitre, accompanied by alopecia, in whom it seemed to follow the oscillations of Graves' disease, and ran its course alongside the latter, so to speak, hand in hand. It is, he says, a bad symptom, though it is not a grave symptom, because we see persons who present it for years and years without any notable depreciation of health. It is, however, a symptom which is never met with in the really healthy subject. It is accompanied by a lowered blood pressure and other symptoms of physical and mental depression. It is never an accidental product, and its presence corresponds to a tangible departure from perfect health, or, at any rate, it only occurs in subjects who sooner or later are likely to develop something—exactly what, it is not in our power to state for the time being. In short, the existence of marbled nails is a danger signal, not only demonstrating in the

# BACK to the RATIONAL

## HEAT vs. COLD in PNEUMONIA

In pneumonia the inspired air should be rich in oxygen and comparatively cool, while the surface of the body, especially the thorax, should be kept warm, less becoming chilled, the action of the phagocytes in their battle with the pneumococci be inhibited. The application of cold to the chest wall drives the blood from the superficial circulation to an already congested lung and encumbered heart.



applied warm and thick over the entire thoracic wall, relieves the congestion by increasing the superficial circulation. The cutaneous reflexes are stimulated, causing contraction of the deep-seated blood vessels. The over-worked heart is relieved from an excessive blood pressure; pain and dyspnea are lessened, the elimination of toxins is hastened and the temperature declines. The patient is soon in a restful, natural sleep which often marks the beginning of convalescence.

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apparently healthy a latent weakness or susceptibility to disease, but also in conditions of poor health an augury that serious results may ensue. The presence of marbled nails, therefore, should serve to put physicians on their guard.—*The Medical Record*.

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#### Important Announcement by the Anglo-French Drug Co., Ltd.

Owing to the numerous complaints from medical men of the difficulty and delay in procuring their preparations, The Anglo-French Drug Co., Ltd., has now open a depot at Dandurand Bldg., Montreal. Henceforth all requests by 'phone, letter or messenger will receive their immediate attention.

They draw attention to their preparation Cuprase in the treatment of cancer. This special preparation has been introduced into therapeutics, and has been remarkably successful. In the history and therapeutics of cancer, nothing has been found which can compare with the effects produced by means of Cuprase.

Full information and literature will be supplied by the firm on request.

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#### The Neglected Therapy of Convalescence

The physician of education and experience, who keeps in touch with the progress of medicine generally, is well informed as to the treatment of most of the "thousand and one" ills that he is called upon to combat. The diagnosis and treatment of acute conditions as well as the successful management of the more chronic affections are subjects which he is constantly investigating and studying. It so happens, however, that after the dangerous shoals of medical navigation have been successfully negotiated and when the crisis or danger point has been passed, the physician is all too liable to relax his vigilance and to allow the patient to convalesce without sufficient attention to the therapeutic details of this important period. While the feeding of the convalescent is of great importance, the medicotonic treatment is equally essential, in order to improve the appetite, tone the digestive, assimilative and eliminative functions generally and to hasten the time when the patient shall be once more "upon his feet." Among all of the general re-constituent and supportive measures in the therapy of convalescence, none is more essential than the reconstruction of a





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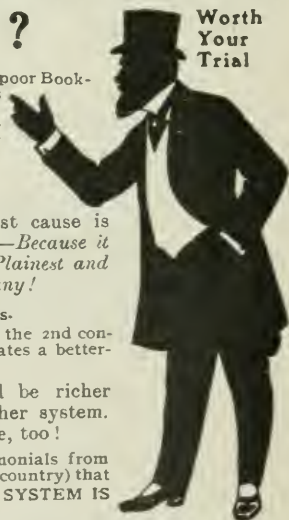
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blood stream of vital integrity and sufficiency. Pepto-Mangan (Gude) is distinctly valuable in this special field, as it furnishes to the more or less devitalized blood the necessary material- (iron and manganese) in such form as to assure their prompt absorption and appropriation. One especial advantage of administering these hæmatinics in this form, is that digestive disturbance is avoided and constipation is not induced.

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### The Protective Mask in Contagious Plagues

Doctor Plicque writes on this subject in the *Journal de médecine et de chirurgie pratiques*. The use of these masks goes back to great antiquity, and apparently was very extensive. Excessive fetor of the breath was regarded to a certain extent as indicative of contagion. In the plague of Athens, in 429 B.C., the fetor, which was cadaveric in type, was said to have been perceptible at a great distance. In the great pestilences of the Middle Ages, the custom of wearing a cloth before the face, saturated with some real or supposed antiseptic, is frequently mentioned by contemporaries. The modern, systematic use of a mask for lung plagues goes back only to recent years. It was originally suggested or devised by Broquet, according to the writer, who, however, gives no data as to time, place, etc. We are told that this mask was used in the severe epidemic of the Manchurian pneumonic plague which prevailed in 1910-11. The Japanese surgeons also devised a mask for this emergency, while others were extemporized. It is worthy of note that certain members of the profession ridiculed the idea of the mask (just as was the case in the recent epidemic of influenza); and they paid the penalty by contracting and dying from the disease. The conditions are by no means the same, for the deadly type of grippe-pneumonia was not transmitted as such, but as the basic influenza, and we were informed that but 3 per cent. of these grippe-pneumonias were primary, so far as New York was concerned. In the Manchurian plague, French and Russian physicians perished until they began to use the masks, while the Japanese, who wore them from the start, did not lose a man among physicians or medical auxiliaries. According to Plicque, the grippal broncho-pneumonia may be very contagious, especially in the adolescent and younger men, and when these are poorly nourished the fulminant course is appalling. While patients cannot, of course, wear masks when

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actually ill, they should make use of them during the period of recovery to prevent their entourage. The author is inclined to regard, like the ancients, unusual fetor of breath as evidence of contagiousness.—*Medical Record*.

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### What's the Matter

The practitioner spent half an hour in examining his new patient. He went through the whole gamut of his knowledge without arriving at a diagnosis. And yet he was a skilled, capable man, of wide experience. "Well, doctor," said the patient at last, "what's the matter with me?" And the reply, "I don't know," came as a veritable surprise. "Don't know; well, that's honest of you. That's the first time such a thing has been said to me. My complaint has always puzzled other doctors. But that's not stopped them from giving it a name." And so impressed was the patient with this new experience that he and his family and all the friends whom he could influence were added to the practitioner's visiting list. Meanwhile, under treatment, the patient made a good recovery. But to this day the practitioner does not know what the matter was with his patient.—*Med. Press*.

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### Study of the Urine in Criminology

In a practical note in the *Annales d'hygiène* (cited in the *Journal de médecine et de chirurgie pratiques*), Remlinger of the Pasteur Institute of Tangier reports some curious results of a study of the urine of criminals as a means of identification. It has long been known that sex is readily betrayed by the urinary sediment, the excretion of the female being characterized by the presence in health of large pavement epithelium from the external genitals not present in the male. The author or reviewer neglects to mention that while this holds good for health, similar bodies are found in males with urethral disease. Still, as is justly claimed, the test usually answers in practice.

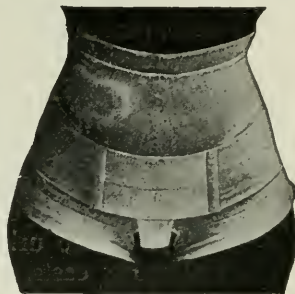
While no actual expertization is narrated, Remlinger deals with certain suppositious cases. Thus suppose a man or woman is found in bed in the morning assassinated. The medical coroner or equivalent should not fail to have the urine in the chamber pot examined from this viewpoint. If the subject be a man, the presence of certain epithelia known to urologists

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as almost peculiar to women would be near evidence that a female person of some kind had been with him during the night. Conversely if the subject found dead be a woman the presence of spermatozoids would betray the fact that a man had occupied the room with her. But a little reflection will show that a complete analysis could throw light not merely on the sex but the personality of the voider of the urine. Thus in the art of detecting the perpetrator of a crime the operator could readily perhaps secure urine passed by the suspect and the presence of albumin, casts, sugar, etc., might constitute a valuable lead. As the author suggests, identification by this means might become so developed that the underworld would be forced to adopt a new caution "never urinate."—*Medical Record*.

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#### Trench Fever—Analysis of Report of the American Commission

Sir Wm. Osler (*Lancet*).—The incubation period varies from 14 to 30 days, though if a large dose of the virus is acquired the period may be shorter. During the incubation period slight prodromata, as headache and pain in the limbs and slight fever, are occasionally noted. The onset is sudden in the form of headache, dizziness, pain in the legs and back and behind the eyeballs, particularly when moved, nystagmus on turning the eyes completely sideways, injection of the conjunctivæ, and a sharp rise of temperature to 103° or 104°. The fever in over one-half of the cases subsequently assumes a relapsing character. Enlargement of the spleen and the appearance of small erythematous spots or papules occur in from 70 to 80 per cent. of the cases. The erythematous spots are observed particularly over the chest, back, and abdomen. They are usually not raised above the surface, are pink, disappear on pressure, and generally measure about 2 to 4 mm. Occasionally the rash is distinctly papular. In number the spots vary from several to one or two hundred. They often disappear in less than 24 hours, and they may occur early, as on the second or third days, or be first observed just prior to or during a relapse. While no one of these symptoms can be regarded as characteristic or constant, the presence of several or all of them usually serves to make the diagnosis. The urine often shows a trace of albumin, but no evidence of nephritis. The leucocyte count is very variable. There is frequently a leucocytosis, and the leucocytes may rise at the time of the





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relapse. In other cases, however, the count may be normal or there may be a leucopenia.

The fever does not always follow a definite type, but may consist of, first, a short attack, lasting for about a week, with sometimes, but not always, after a few days, a single short rise; second, a more prolonged initial fever, sometimes lasting for 6 or 7 weeks, with relapses not distinctly marked; and, third, a more regularly relapsing fever, with more or less definite normal intervals, lasting from 5 to 7 days. Many variations of these types of fever are also seen, and in some of the patients there may be a long fever lasting from 40 to 60 or more days, with only slight remissions. The number of relapses varies: 3 to 5 periods are common, and there may be as many as 7. Recovery follows in all cases.

Trench fever is a specific, infectious disease. The organism is a resistant filterable virus. This is present particularly in the plasma, which will produce the disease on inoculation. The disease is transmitted by the louse, usually by bite alone. The disease may be produced artificially by scarifying the skin and rubbing in a small amount of the infected louse excrement. A man may be entirely free from lice at the time he develops trench fever, the infecting louse having left him some time previously. The virus is also sometimes present in the urine, and occasionally in the sputum.

Great care should be taken to disinfect completely patients as soon as practicable, particularly upon entering the hospital. They should be carefully bathed, and then sponged with alcohol. Their clothing and blankets should be removed, and, whether or not lice or ova are found upon them, should be carefully sterilized by moist heat at a temperature not below 70° C. for half an hour, since it is possible for the virus to be still present on the clothing. It should be borne in mind that a man with trench fever may be entirely free from lice at the time that he develops symptoms of the disease. Trench fever patients should at all times be carefully protected from louse infestation, and inspected for lice daily. They should be treated in separate wards. The urine should be sterilized during the active stages of the disease. Sputum cups should be provided, and expectorated sputum and saliva sterilized. The systematic destruction of lice should be performed and every effort made to prevent louse infestation among soldiers and to see that those infested are promptly disinfected and their clothing sterilized.—*The Medical Review*.

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**A Simple Language**

Judge West said to an officer one morning: "Officer, what is this here prisoner charged with?"

"Bigotry, your honor," said the officer. "He's got three wives."

The judge gave a sneering laugh.

"Officer," he said, "what's the use of night schools, business college, correspondence trainin', and eddication in general? Please remember, in future cases of this kind, that a man what has married three wives ain't guilty of bigotry, but of trigonometry. Call the fust witness."—*J.A.M.A.*

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## Original Communications

### RESECTION OF BOWEL IN SOME INFLAMMATORY CONDITIONS\*

BY FREDERICK W. MARLOW, M.D., F.R.C.S. (Eng.), TORONTO.

Inflammatory conditions affecting the bowel occasionally call for resection. Such as arise within the bowel wall itself are usually more or less chronic in nature, while extension from adjacent viscera is accountable for most of the others.

Of those arising in the wall may be mentioned localized inflammatory thickenings resulting from ulceration or from diverticulitis. Such may give rise to obstructive symptoms, and are difficult to recognize clinically, by X-ray examination or during operation, from malignant disease, and the diagnosis is subsequently established by gross and microscopic examination of the specimen removed.

Tuberculous disease not infrequently produces thickening of the bowel with mass formation and consequent difficulty in evacuation. This appears to occur most often in the region of the ilio-caecal junction, and though its nature may be suspected as the result of clinical observations, its exact character may not be determined until during the progress of the operation, or even until subsequent microscopic examination. Frequently, however, the presence of tuberculous nodules in the areas adjoining the densely infiltrated portion will suffice to establish the exact character of the lesion.

On rare occasions following injury of the abdomen, as from a severe blow, a local inflammatory condition may result in agglutination of intestinal coils sufficient to produce great mechanical difficulty. This was exemplified in the case of a

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\* Read at Academy of Medicine, Nov. 19th, 1918.



man about fifty years of age, recently operated upon for large double inguinal hernia of long standing. About twelve years previous to operation he was struck forcibly on the left side of the abdomen by a falling limb of a tree. For a few days following the accident he was quite ill with much abdominal distress. He recovered, and since then carried on his work as a farmer. Not infrequently, however, he suffered from severe pain at the site of the injury, and occasionally the attacks were so severe and so spasmodic in character that he would be found lying in the field, where he had been working, in a state of exhaustion and partial unconsciousness. It did not seem likely that such attacks were referable to the hernial state, as such existed prior to the accident. At the operation, when the left sac was explored, a small portion of small intestine was found adherent to it, just below the ring, which was large. This was released and drawn down for examination. As it was delivered it appeared to expand, and with considerable difficulty a large mass of bowel, about the size of two fists, was delivered. This had an aneurysmal appearance, and looked like an enormous sacculum of the bowel. Its consistence, however, suggested that it was made up of agglutinated coils, though lines of union were completely obliterated. Resection of the mass was performed, and after closure of the ends a lateral anastomosis was established. Later examination showed the mass to be made up of agglutinated coils with a narrow and most tortuous lumen. A good recovery followed the operation, though on the second day acute dilatation of the stomach occurred, and was not completely controlled by treatment until five days later, and following this a pulmonary abscess, due no doubt to inhalation of some of the horribly offensive material from the stomach during the first gastric lavage. In passing, it may be said that the dilatation of the stomach was treated by lavage every six hours, followed by injection of about four ounces of olive oil through the tube before its removal, the administration of an enema preceded by hot stupes and one cubic centimetre of pituitrin every eight hours, also stimulants in the form of strychnine, gr.  $\frac{1}{30}$ , every four hours, and camphor, grs. 5, every four hours alternating so that stimulation was given every two hours, and combating the loss of body fluid, thirst and restlessness by giving interstitially large quantities of normal saline solution up to the limit of absorption and sufficient to maintain moisture of the tongue. Although the oil given in large quantities after

lavage may assist in promoting peristalsis—a most important feature of its use is to dispel the idea of possible obstruction as oily particles can usually be observed in the enæma stools not many hours afterwards. In this case no apomorphia was used as in other cases in which one has given this drug for its antispasmodic and later sedative effect, in one-tenth grain doses, immediately preceding the pituitrin and enæma, as satisfactory results were obtained without it, although occasionally soon after evacuation morphia in one-sixth grain doses was given to promote sleep.

Another condition of a more or less chronic inflammatory nature is the dilated and prolapsed cæcum which tends to remain packed with intestinal contents and exhibits a more or less constant state of catarrhal inflammation. The condition may or may not complicate chronic appendix trouble or may be discovered subsequent to appendicectomy. In such cases the cæcum can often be felt distended, collapsing on pressure with gurgling of gas, and in female patients may often be felt occupying the right side of the pelvis. X-ray examinations reveal cæcal stasis of varying duration up to three or four days. The patients suffer from general malaise, inaptitude for work or exercise, indifferent appetite, indigestion and flatulence, constipation and abdominal discomfort. In most there is a conspicuous anæmia. In several cases of this type, in which one has performed resection of all the cæcum (including the appendix if present) below the ileo-cæcal junction and extending upwards to a somewhat higher level on the outer side, the operation has been followed by distinctly favorable results.

As to extension of inflammation from adjacent viscera, one recalls a case in which an appendix acutely inflamed and adherent to the terminal ileum perforated and discharged through a small opening into the ileum. After removing the appendix the wall of the ileum was so infiltrated and friable and its lumen so contracted it was impossible to close the perforation and resection of a portion of the loop had to be performed. In this case the proximal end was anastomosed with the side of the closed distal end. In a recent case in which the appendix, right tube and ovary and a loop of ileum near its terminal portion were all involved in an inflammatory pelvic mass, when delivery was complete it was found that the bowel was so infiltrated, friable and ragged that resection was considered essential to satisfactorily complete the operation. In this case, after resection both ends were closed and a lateral anastomosis was established.

Not infrequently in spite of extreme care in separating adherent bowel while operating for pyosalpinx or tubo-ovarian abscess, one has found the bowel in such a state as to make resection imperative. So too in the removal of various forms of tumors from the lower abdomen in which dense adhesions have complicated the procedure, one has occasionally been obliged to perform resection of involved bowel.

The possibility of the necessity for bowel resection during the progress of an abdominal operation is something that should constantly remain in the mind of the surgeon. In itself it is an operation of considerable magnitude and one attended by more than ordinary risks and when its performance is necessary during the course of some other major operation it is essential that it should be performed with judicious care and dispatch.

When resecting on account of inflammatory conditions of a chronic nature the problem presented is much less grave from the point of view of facility and technique than if the involvement of the bowel has been recent. In the former instance there is as a rule little difficulty in determining the extent of the resection and there is generally not much difficulty in securing a safe joint as the bowel wall is of ordinary firmness and holds the sutures well while in the latter the bowel wall is usually softened for some distance beyond the point of trouble, the stitches are less firmly held and the risk of infection is greater.

The choice of method in effecting the anastomosis should be made in accordance with the amount and quality of material at one's disposal. Generally speaking, however, it is one's opinion that when resecting bowel on account of an inflammatory state, a more reliable joint can be obtained by closure of the ends after resection and establishment of a lateral anastomosis. In cases of recent involvement drainage provides an additional safeguard against infection.

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PRESIDENT'S ADDRESS

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*Eighteenth Annual Meeting Canadian Association for  
Prevention of Tuberculosis.*

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BY J. A. MACHADO, ESQ., OTTAWA.

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It is a matter for sincere congratulation that the Eighteenth Annual Meeting of our Association should be held in this beautiful city of Hamilton.

Our country is still at war and no one can tell how long it may still go on before a victorious peace shall be won. One thing is sure, and that is that Canada and her Allies will see it through.

The war has brought upon our Empire great sacrifices of life and treasure and great suffering to millions of innocent people. When we think of these things we are overwhelmed with the hideous picture it presents, and the injustice of those who are responsible for bringing it upon the world. At the same time the war may be productive of the greatest good if we read its lessons aright, and take advantage of its experiences in order to make a great advance in all those matters which affect the general welfare. At no time in the history of our country have men's minds and souls been so aroused to what citizenship means, and as a result we can to-day initiate plans, as war measures, which would not be possible in normal times of peace when we are all too prone to interest ourselves in our ordinary occupations and to forget our real duties as citizens. The war has brought us face to face with our responsibilities, and as our bravest and best have gone to fight for us overseas it is incumbent upon us here at home to see that we are not found wanting. It is our solemn duty and our splendid opportunity to so plan and work that our sons, when they return, will find that we have been helping to lay the foundations for a better and a greater Canada. Above all, we must select the best possible foundation, and that foundation is surely good health, for nothing else so vitally affects the everyday life of all our people.

Our Association occupies an unique position to be of service in this great work of reconstruction. For our special problem touches most of the vital problems of everyday life—housing, food, education.

We cannot deal with our special problem without considering these all-important questions, and it would appear that the

time has come when we should make very special efforts to co-ordinate all the agencies, federal, provincial and civic, that are engaged in these problems, in order to prepare and initiate a nation-wide programme in which all can take an active part.

Personally, I believe that the most fundamental need is the proper and thorough education of the children of Canada in all that pertains to the health of the community and the individual. This war has clearly proved the truth of the old saying that the "children of to-day are the men of to-morrow." Our German enemies have turned this truth to the building of a nation of warriors. For example, for many years past the school children of Germany have been obliged to carry their books in knapsacks, and this was explained to an American friend in words somewhat as follows:—"We are training our children to be soldiers, so all German children carry their books in knapsacks. As they progress, the books used increase in numbers and weight. So that when they leave the high schools the weight carried is about equivalent to the pack a soldier carries." In the same German city, kindling wood was delivered in large carts drawn by fifteen to twenty school boys who were harnessed to the cart and so were trained to work and pull together. These are small things, and perhaps seem trivial, but by such methods Germany has built up a machine of immense power. Germany has used education for the destruction of mankind. Let us use it just as efficiently for the training of our children to those higher and better purposes which are reflected in service to our fellowmen.

As a layman, I speak with diffidence in addressing a body of professional men, and so will not enter into further details of the technical plans that would be necessary in a nation-wide movement, but as a layman and employer of labor, I cannot too urgently emphasize the importance of educating the school children in all health matters: of giving them careful medical examinations co-ordinated with physical training and exercise and diet, in order to build up a better and a stronger race of Canadians who will enable Canada to maintain a high place among the enlightened nations of the world.

In closing I would like to pay a tribute to the work of our Canadian Association. I recently wrote to the Secretaries of our various provinces for a detailed statement of the work being done by each province in the fight against tuberculosis, and it is most gratifying to see how generally they have made and are making use of our educational pamphlets and posters.



Our Association has done good work, but in view of present conditions and opportunities the time has come to adopt a larger and broader programme. We should take the lead in endeavoring to bring about as soon as possible a closer co-ordination of all the agencies that are working for the elimination of tuberculosis. The splendid work that is being done by the Invalided Soldiers Commission has opened the eyes of the Canadian public to the vital need and great importance of this work, and therefore makes it possible that we should take a great forward step at this time.

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### DEATHS FROM VENEREAL DISEASES

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Venereal diseases are communicable and highly dangerous, and as communicable diseases they must be guarded against, according to state and national health authorities. The silence regarding these diseases has been due to their connection in many cases with immorality. The other phase of the subject, namely, the spread of the disease to the innocent as well as the immoral, will come into prominence with the nation-wide effort to curb the evil which threatens society.

The necessity of prompt and drastic action in making known the danger from venereal disease is evident when the increased possibility of infection, due to war conditions in this country and abroad, is considered. Every war up to date has been followed by a large increase in these diseases. The estimated number of deaths in 1916 due to venereal disease in the United States was 250,000. Osler puts syphilis next to tuberculosis, pneumonia and cancer as a death-dealing agent. In New York in 1914, of 25,653 cases of disease reported 28 per cent. were syphilis, 21 per cent. tuberculosis and 13 per cent. diphtheria. Such figures indicate only a small part of the damage done society by the disease. The injury to the future children of the race and to innocent people now free from infection cannot be estimated. The time to talk and talk frankly has come.—*American Journal of Surgery*.

## Editorials

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### THE WAR GRAVES

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There has been considerable discussion as to the future character of the large cemeteries in Flanders and France where the remains of the British dead will be buried. The matter was placed in the hands of a Commission which has brought in a report, which many hope will be interim—not final. According to it the headstones of the graves shall be of a uniform pattern—of the milestone type; any inscriptions put upon them shall be of the nature of a text or prayer censored by the Commission.

The two points causing most discussion are the uniformity of the headstones, and the censorship of the inscriptions; the headstone causes most discussion chiefly because a great many people prefer a cross. To satisfy these it is proposed to set up a large stone cross in every cemetery, but this is not sufficient for a certain proportion. Many bereaved parents feel it hard that religious symbols should be excluded. One mother in a letter to the *Spectator* says: "Three of my sons have died on the field of battle in Flanders and France, and I should have wished to choose my memorial, and feel pained at the rigorous uniformity of expression." Another mother says: "These few feet in France or farther afield will always be the most sacred spots in the world. I am an old woman, but I pray God that I may live till I see crosses put on the graves of my sons." Who will dare to say that a cross is not a

nobler thing than a headstone? Apart from differences of opinion as to the crosses it appears to be generally admitted that some form of censorship over inscriptions is really necessary, but it should be a reasonable and sensible censorship.

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#### HEALTH LEGISLATION—MONTANA

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Two bills have been introduced this session in the Montana Legislature. The first of these bills is entitled, "An Act to provide for the health, education and physical examination of all pupils, teachers and employees, in and connected with the public schools of the State of Montana," a title which is self-explanatory. One section of this bill provides, for example, that the governing authorities of each school district shall appoint health officers and school nurses who shall examine all public school children. Another provides that all new teachers, janitors and supervisors shall be required to pass a physical examination, while still another provides for the exclusion from schools, under certain circumstances, of unvaccinated persons.

The other bill provides for the appointment of a state supervisor of physical education who, with two assistants, shall, among other duties, outline courses in physical education.

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#### PSYCHIATRIC HOSPITAL

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It was reported Feb. 1st that the only psychiatric hospital for soldiers in Canada is to be established south of London, in Westminster township. The new million-dollar hospital, which has been under construction for some time, is to be developed

now for the special treatment of shell-shocked and insane soldiers.

The original plan called for an institution with buildings for the accommodation of 1,200 soldiers; but, under the new arrangement, 2,500 will be provided for. There will be installations of the most modern apparatus for the application of psycho-mechano and electrotherapy.

As soon as work is completed all patients requiring such treatment from all parts of Canada will be assembled here.

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#### PROGRAMME OF THE ROCKEFELLER FOUNDATION

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The Rockefeller Foundation has announced its plans for work in public health and medical education for the year 1919. The estimated income of the fund for 1919 is \$6,750,000, and against this the budget provides for \$2,264,130 for public health, and \$3,662,504 for medical education. The other items of the budget are \$103,000 for miscellaneous payments on long-term appropriations, and \$146,662 for administration. The amount still available for appropriations is \$465,110. The public health activities to be carried out during the year will consist chiefly of efforts against yellow fever, tuberculosis, malaria, and the hookworm disease. In addition to this public health work to be carried out by the Foundation's International Health Board, appropriations have been made for special studies and demonstrations in mental hygiene, for the creation and maintenance of a School of Hygiene and Public Health, and for the development of public health nursing. The chief work of the Foundation

in medical education will be in connection with the development of modern scientific medicine in China. Other expenditures for medical education are for special work for Medical Research. The following will be its war work activities: Continued maintenance of the war demonstration, hospital work of Medical Division of National Research Council, assistance in care and treatment of soldiers mentally and nervously disabled.

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#### HEALTH CONFERENCE IN OTTAWA

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The first step toward the organization of a social hygiene programme was taken when representatives of a number of the provinces met in Ottawa at the call of the Acting-Premier, Sir Thomas White, to discuss legislation for the control of venereal diseases. Those present expressed a strong opinion that a Federal Department of Health should be established as soon as possible.

An opinion was expressed that local governments should, in future legislation, follow, as far as possible, the example of the Ontario Government, especially as to notification and treatment of venereal diseases.

It was suggested that all seamen coming within the purview of the Immigration Act be examined before being allowed ashore at Canadian seaports.

There was a general opinion that the cost of one of the remedies, namely, salvarsan, is now excessive, and the following resolution was passed:

“Whereas the production of this remedy in Canada is monopolized by two persons or firms, who have been licensed to carry on such production:



“ Therefore, be it resolved, that this conference do respectfully recommend that the Government of Canada shall give the right of production of salvarsan or other remedies of this nature to any person or firm or corporation satisfying the head of the Health Department of any province, or in the event of the establishment of a Federal Department of Health, the head of that Department, of his or their ability to successfully produce a satisfactory product of this kind.”

It was also the feeling of the conference that a further meeting, representative of social agencies, should be called to discuss the constructive social measures which may be undertaken to combat the existence of venereal disease in the Dominion.

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#### DOMINION SANITARIUM FOR TUBERCULAR MEN

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The Department of Civil Re-establishment has decided to establish a Dominion Sanitarium for men returning from overseas suffering from tuberculosis, domiciled in Ontario. The proposal contemplates an expenditure of \$320,000. In 1917 negotiations were entered into with the Ontario Government for the erection of a central sanitarium, half the cost to be borne by the Dominion and half by the province. A site was secured by the Ontario Government, but it has been impossible to conclude the plans. It has been deemed advisable that the Federal Department should erect its own sanitarium, and the site secured by the Ontario Government has been taken over for \$18,000, the cost price.

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SANITATION IN THE UNITED STATES

"Health Campaigns" in schools are said to be producing good results. The President of the Board of Education recently recommended for all the schools: The installation of scales in every school, and orders to the principals to maintain accurate and official monthly records of the weight of each student; daily classes in health and personal hygiene, classes in health, sanitation and nutrition in all normal schools; immediate translation of food health bulletins for the benefit of foreign-born residents; close and permanent affiliation with charitable organizations on the ground that this would constitute the only means of remedying the purely economic phase of the child hunger problem; immediate co-operation with the National Child Labor Committee, the Child Health Organization of New York, and Government bodies working to the same end.

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QUEEN'S UNIVERSITY

Secretary Bertram of the Carnegie Corporation wrote the following to Principal Taylor:

"The usefulness of Queen's University as a home of sound learning and an educational force, the noble spirit exhibited by the institution in the devotion of her faculty and students and alumni to the cause of their country in the great war, and a strong desire to be friends of Canada in her hard task of reconstruction after her great sacrifices—all these have made it a pleasure for the Trustees of the Carnegie Corporation to vote a grant of \$250,000 towards the endowment of the institution."

This grant is to be related to that made by the will of Dr. James Douglas, and is to be conditioned upon the raising of the residue of the \$500,000 necessary to secure the entire amount of the legacy contained in Dr. Douglas' will. At a gathering of the Ottawa Alumnæ of Queen's University in the Ottawa Ladies' College, Principal Bruce Taylor declared that the Government was not treating Queen's University fairly as far as the scientific research scheme was concerned.

## News Items

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### NEW MILITARY ORTHOPAEDIC HOSPITAL

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The new military orthopaedic hospital for Canada, situated at the corner of Dupont and Christie Streets, was formally opened March 1st, Sir William Hearst, the Premier of Ontario, officiating. The hospital building is spacious and new in appearance. It was built by the Cash Register, but was given over for its present purposes.

The guests were received by Brigadier-General Gunn and Mrs. A. E. Gooderham, superintendent of the women workers in the hospitals.

The Premier said it was to him an unexpected privilege and pleasure to be invited to perform the opening services, and to see the splendid hospital which had been created.

On behalf of the Department of Militia and Defence, General Mewburn told something of the work that had been done by surgery and medicine during the war and among the men in Canada. A year ago, he said, provision had been made for hospitals in eleven divisions throughout Canada. The speaker expressed heartfelt gratitude for the work of the Army Medical Corps and for the wonderful work of the Canadian Nursing Sisters. The doctors, who would naturally wish to get back to civil life, had expressed themselves as ready to stay on the job until the last man had been cared for by them as much as possible.

General Mewburn gave figures showing that Canada had sixty-five military hospitals at home and fifty-nine overseas. Between 1914 and 1917 Canada had in her hospitals 195,711 patients and 492,960 overseas, a total of 698,677 cases. The speaker also gave figures showing the progress of medical and surgical skill in preventing disease. In the South African war disease had caused the death of 14,653 men, while the number killed was 7,972. In the late war things were reversed. There are still 32,000 in the hospitals in England, and 10,000 in France, and the relatives of these were advised to be patient about getting them back, because the welfare of the men was the first thing that had to be considered. The problems of demobilization are even greater than the problems of mobiliza-

tion were, said the speaker, and these must be done by all the nations working together.

General Fotheringham said that civil surgery has much to learn from military surgery. This was because of the opportunities that had been given the military surgeons during the war. One-fourth of the military patients of Canada are now in the four hospitals, the one now opened, that at St. Andrew's, at Long Branch and Brant House, near Hamilton. He gave an idea of the things being done when he illustrated the work by saying that muscles could now be taken from one part of the hand and applied to another part in such a way as to make a useless member almost as serviceable as before.

On behalf of the hospital, Col. McVicar, who has charge, thanked many organizations which had helped to bring comfort to the institution. The Toronto Red Cross, Soldiers' Comforts, College Heights Patriotic League and Daughters of the Empire were mentioned, and others were included in the thanks. The speaker also asked the public to assist in making the men happy and contented. The men do not want coddling, he said, but they want intelligent guidance in getting back to civil life. The public were invited to visit the different wards then, and to come to the hospital in the future.

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### RETURN OF DR. (COL.) CASGRAIN

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Col. and Mrs. Casgrain returned from overseas in February and received a splendid ovation when they reached Windsor, March 1st.

Col. Casgrain went overseas in 1914 with one of the Canadian stationary hospitals. He was sent to the Isle of Lemnos, in the Aegean Sea, when the Dardanelles campaign was on. After recovering from a dangerous illness, he went to Egypt and then to England, where he had charge of one of the largest hospitals.

Mrs. Casgrain, soon after her husband embarked for England, volunteered to work as nursing sister. For almost three years she labored among the sick and wounded soldiers of Canada, England and France, completing four years' service in St. Cloud, France, as a canteen worker in the hospital in which her husband had charge.



### RETURN OF DR. (MAJOR) FRANK H. PRATTEN

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Dr. Pratten, a well-known "Parkdale boy," is on his way home. He went to England in October, 1915, and was at once attached to Moore Barracks Hospital, where he remained until early in 1917, when he left for the front, becoming attached to No. 2 Battery. He was present at Vimy Ridge, Hill 70, and other battles, and came through without a scratch. He was recalled to England to join the staff of the London Special Hospital for Tuberculosis, being selected for special duty on account of his knowledge and experience with tubercular patients, having spent several years in charge of the Muskoka Free Hospital for Consumptives.

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### HONORS FOR THE ROYAL ALEXANDRA HOSPITAL

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Nursing Sister Helen E. Hanson, C.A.M.C., graduated at the Royal Alexandra Hospital, Fergus, in 1908. She joined No. 7 Canadian General Hospital (Queen's Unit) and went overseas. She was with the unit at Etaples where the bombing raids took place, in which she gained the Military Medal, practically the V.C. of the nursing service, and something awarded to very few. She won it by sticking to her post in the operating room while German planes bombed the place for two hours, killing a number of the patients and their attendants. Miss Hanson was in charge of one of Major W. A. Groves' wards at Etaples in 1917.

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### HEALTH LEGISLATION IN KANSAS

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Four bills have been introduced in the Kansas Legislature, two of them in an attempt by the medical authorities to establish co-operative relations with the United States Public Health Department.

The committee also proposes to establish some thirty health districts in the state, each district to have a full-time health officer, who will devote all of his energies to so-called public health work.

The bills to be presented by the Children's Code Commission will provide physicians, nurses and dentists for all schools to conduct frequent tests and examinations of the children.

### SCHOOL INSPECTION IN DAKOTA

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The South Dakota Legislature passed the State Senate Bill which provides for the employment of country nurses, with the power of inspection of all pupils in schools, public or private, and which allows inspection also in homes in which so-called communicable diseases are supposed to exist. The Senate Bill was slightly amended so as to require an order of the Board of Health for home inspection, if objection should be made.

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### CLASSES FOR HOME HYGIENE

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It is stated in New York that twenty thousand Red Cross nurses, on their return from overseas, will be utilized in an educational campaign for the development of classes in home hygiene.

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Sir Wilfrid Laurier had a stroke of apoplexy about noon on Feb. 16th. He was unconscious and slightly paralyzed for a time, but he became conscious towards evening and appeared to be improving. A little after midnight there was another effusion in the brain, followed by complete paralysis of one side and total loss of consciousness. From the early morning of the 17th he gradually sank until death came in the afternoon. He was seventy-eight years of age and apparently in excellent health for some weeks before the seizure. He was never considered strong or robust, and about ten to twelve years ago he had pronounced anaemia, which his friends feared would become pernicious. He quite recovered from that and during recent years enjoyed excellent health.

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After a meeting of the Board of Governors of Western University, London, held Feb. 15th, it was stated that the President, Dr. E. E. Braithwaite, would resign on June 1st.

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It was reported late in February that typhus fever was prevalent in Poland, and a contingent of the American Red Cross Commission left Paris for Warsaw to render assistance.

PROPOSED AMENDMENT OF MARRIAGE LAW

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At the last session of the Ontario Legislature an amendment was proposed to the Marriage Act which contained the following clause: "Before a license or certificate is issued, there shall be delivered a certificate in writing, signed by a legally qualified medical practitioner, and stating that he has personally examined each of the parties to the intended marriage, and that neither of them is an idiot, imbecile, epileptic or lunatic, or feeble-minded or defective, or a sexual pervert, drug habituate, habitual criminal, habitual vagrant or suffering from venereal disease, tuberculosis or cancer, and that in his opinion the general condition of each of the said parties is such that the offspring of the marriage will probably be of normal mentality and physique."

A special committee was appointed to consider the question; and a discussion at a meeting held February 12th revealed a general conviction that in principle the placing of bars to the marriage of mentally afflicted or seriously diseased persons was right, but that such a requirement as was proposed by Dr. Godfrey's bill would be exceedingly difficult to enforce. Apart from the infringement of personal liberty involved in medical inspection for traces of venereal disease, there was the problem of determining accurately the mental condition of persons, since doctors so often failed to agree. Accordingly the committee passed a motion declaring that they could not recommend the bill to the Legislature.

Mr. Geo. S. Holmested, Barrister, of Toronto, in a letter to the *Mail & Empire* expressed doubt whether the Provincial Legislature has any jurisdiction to enact such legislation as Dr. Godfrey proposes. Mr. Holmested also considers it extremely doubtful whether even the Dominion Parliament has any jurisdiction to enact legislation of that kind.

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It is rumored that strong efforts will be made to raise money in the near future for the erection of new buildings; and the Provincial Government will be asked for a grant of \$150,000 to be spent in the medical department of the University. It is expected that if the people of London and vicinity show sufficient interest in the institution by subscribing a good sum of money that the Government will be willing to assist.

The medical press of Great Britain expresses great satisfaction over the success of Sir Wm. Whitla's candidature at the Parliamentary election for the representative of Queen's University, Belfast. The result of the poll was as follows:

Sir W. Whitla .....	1,487
Sean Dolon (Sinn Fein) .....	118

### RESEARCH COUNCIL OF QUEEN'S UNIVERSITY

We find in the *Toronto Globe* of March 1, a statement by Dr. A. B. MacCallum in reply to Principal Taylor as follows:

"Dr. A. B. MacCallum, Chairman of the Council for Industrial and Scientific Research, takes up the criticisms of Principal Bruce Taylor of Queen's University. Principal Taylor is reported as having stated in Ottawa that the Government was not treating Queen's University fairly so far as the Government scientific scheme was concerned. He declared "that a Toronto University man and a McGill University man were the chief officials of the Advisory Council for Scientific and Industrial Research, and that, while Toronto and McGill had been given every consideration in the scheme, Queen's had been slighted."

"When I read this report of the remarks of the Principal," Dr. MacCallum states, I was disinclined to accept it as representing what he said. In consequence, I decided to delay comment until sufficient opportunity was allowed him to correct the statement and set himself right.

"As no disclaimer has been issued after the lapse of a week, and as the report, unless contradicted, is bound to give a false impression regarding the attitude of the Research Council towards Queen's University, it is necessary to state, as briefly as possible, the facts in this matter.

"First of all, Prof. Ruttan, the 'McGill University man' apparently referred to in the report as one of the two 'officials' of the Council, is but one of the eleven members of the same, as is also Prof. Kirkpatrick of Queen's University. The other 'official' of the Council is probably myself, who am not now in any way connected with the University of Toronto. There are two University Presidents members of the Council, namely, Dr. MacKenzie of Dalhousie University, and Dr. Murray of the University of Saskatchewan, who attend and take a very active part in its deliberations. Besides these.

there are six other members, four of whom have, with the five already mentioned, been in attendance at the meetings for the last two years, and determined the line of action taken by the Council on all important points. The policy which the Council has adopted has the support of at least eight of these nine members. Each of these has his own individuality and his own experience, and it is quite unjustifiable to suggest that any one of them can be swayed by any other reasons for his action than those of public interest. It is also quite gratuitous to imply that President Murray and President MacKenzie, for instance, effaced themselves in the presence of 'a McGill University man' and 'a Toronto University man.'

"Further, I submit that the insinuation regarding Prof. Rutman, not to mention myself, which Principal Taylor is alleged to have made, does not tend to elevate public life. Prof. Rutman has given freely, and without salary, of his time and energy to the work of the Council, and without any reference whatever to the interests of McGill. How can it help ideals if one who gives loyal and arduous service to the public is to be rewarded only by the attribution to him of improper motives?

"I am at a loss to understand what is signified by 'the Government scientific scheme' which is mentioned in this report, and in regard to which Queen's is said to be treated unfairly. Queen's is not unfairly treated. The members of her scientific staff can get grants from the Research Council to assist in carrying on researches just as readily and on the same basis as the members of the staffs of other universities, McGill and Toronto included. Further, the science graduates of Queen's are as eligible for the Studentships and Fellowships instituted by the Council as the science graduates of the other Canadian institutions. In neither of these respects is there or can there be, the slightest discrimination against Queen's.

"The Research Council has not recommended, nor will it recommend, that the Dominion Government grant aid to any of the eighteen Canadian universities. To provide such aid would precipitate them into politics of the most undesirable kind, and it would result in an orgy of waste of money and effort which no system of control could check or prevent. Moreover, any systematic scheme to foster industrial research in the universities rather than in an Industrial Research Institute, organized for that purpose, would prove disastrous to them and their ideals, which should be those of research in pure science."



## Personals

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Arthur C. Hendrick desires to announce to the medical profession that, in future, he will confine his practice to gynaecology and abdominal surgery. Consultations by appointment. 20 Bloor St. East.

Col. (Dr.) J. A. Roberts returned to Toronto from overseas February 27th.

The Toronto medical graduates of 1915 expect to hold a reunion in Toronto next June.

Dr. (Major) J. F. Burgess, of Owen Sound, has been gazetted an Officer of the Order of the British Empire.

Dr. (Captain) R. D. MacKenzie and Dr. (Captain) A. R. Hagerman have been gazetted for the Military Cross.

Private R. H. Hare, a medical student, who was wounded and taken prisoner in June, 1916, while acting as a stretcher-bearer, has been repatriated.

## Obituary

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LIEUT.-COL. W. JOHN OGILVIE MALLOCH, B.A., M.D.,  
F.R.C.S. (ENG.)

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Dr. John Malloch died of pneumonia, Feb. 18th, aged forty-seven. He went overseas in May, 1915, with the University of Toronto No. 4 Base Hospital, was with the unit while in England, Salonika, and finally at the hospital at Basingstoke, where he was chief of the surgical staff. He left England in the latter part of January, and reached Toronto, Feb. 8th, in fairly good health, but contracted pneumonia that night. His condition soon became serious, and he went from bad to worse, until death came on the tenth day after the attack.

Dr. Malloch graduated B.A. in 1892, and M.B. in 1896, from the University of Toronto, and for some years did much work in anatomy, physiology and pathology. He went over to England in 1905, and became F.R.C.S., Eng., in 1906.

John Malloch was one of the ablest surgeons, and in other respects one of the most remarkable men of his time. He had a wonderful personality, far beyond the writer's powers of description. He was large in almost innumerable ways. He had a big body, a big brain, a big heart, a big soul. Yet with all his bigness he was like a ministering angel of the Edith Cavell type—tender and gentle when handling the sick and afflicted. His social qualities were of the highest type, and he was always brimful of wit and humor. We who loved him—and there is a great host of us—feel that it was a dark day when John Malloch's light went out.

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J. HARTY, M.D.

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Dr. J. Harty, of Kingston, son of the late Hon. Wm. Harty of that city, died of pneumonia in London, England, Feb. 23rd. He left Kingston for England on Jan. 29th, and had an attack of bronchitis soon after he reached London. This passed into pneumonia about Feb. 13th. He graduated M.D. from Queen's University in 1897, but never practised medicine. He was for a time secretary, then general-manager, and finally president of the Locomotive Company of Kingston.

**ANDREW C. PANTON, M.B.**

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Dr. A. C. Panton, of Portland, Oregon, formerly of Milton, Ont., died January 18. He graduated M.B. from Toronto, 1882.

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**SIR CHARLES WYNDHAM**

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Sir Charles Wyndham, the distinguished British actor, died January 15th, from influenza, at his London house, aged 82. He was the son of a Liverpool doctor, and studied medicine for some time in Dublin; at the age of twenty-five he went to America. We have no record that he ever received a license to practice, but he joined the medical department of the Federal army in the Civil War and worked in that department for some time.

## Book Reviews

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*A Laboratory Manual and Text-Book of Embryology.* By CHARLES W. PRENTISS, A.M., Ph.D., late Professor of Microscopic Anatomy in the North-western University Medical School, Chicago. Revised and extensively rewritten by LESLIE B. AREY, Ph.D., Associate Professor of Anatomy in the North-western University Medical School. Second edition, enlarged. Octavo of 411 pages with 388 illustrations, many of them in colors. Philadelphia and London: W. B. Saunders Company; 1917. Cloth, \$4.00 net. Sole Canadian Agents: The J. F. Hartz Co., Ltd., 24-26 Hayter Street, Toronto.

There are few text-books to compare in workmanship with this octavo, printed on excellent paper and full of the very finest illustrations. The untimely death of Prof. Prentiss rendered a new editor necessary. No one more able could have been chosen than his old colleague, Prof. Arey, who has rewritten many chapters quite extensively. This is now the standard manual on embryology.

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*International Clinics.* A quarterly of illustrated clinical lectures and especially prepared original articles by leading members of the medical profession throughout the world. Edited by H. R. M. LANDIS, M.D., Philadelphia. Vol. IV. 28th series, 1918. Philadelphia and London: J. B. Lippincott Company.

This volume completes the year in which the publishers have attempted to make this well-known quarterly a record of clinics. They have undoubtedly made it more useful and more popular. The first hundred pages of the book contain some very interesting points in diagnosis and treatment, as gathered from many hospitals. The remainder of the volume contains many of those dissertations on things medical, which have made this series famous. This is one of the last numbers published.

*Progressive Medicine.* A quarterly digest of advances, discoveries and improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics, Materia Medica and diagnosis in the Jefferson Medical College, Philadelphia, assisted by LEIGHTON F. APPLEMAN, M.D. Vol. VI., December, 1918. Lea and Febiger, Philadelphia and New York, 1918.

The contents of this volume include diseases of the digestive tract, and kidneys; genito-urinary diseases; surgery of the extremities; shock; anaesthesia, infections, fractures, dislocations and tumors; with a practical therapeutic referendum.

As usual, this quarterly is full of meat. We welcome a new contributor, Dr. Henry A. Christian, who writes the chapter on Diseases of the Kidneys in his usual clear style. All the articles are of a high standard.



## Selections

### INFLUENZA COMPLICATIONS

Now that the epidemic of so-called Spanish Influenza is passing and we have time to take stock of the various phenomena that it has presented we are struck rather forcibly by the peculiarity of its complications. Resembling the grippe that we have had with us for years it differs from it in the paucity of complications involving the ears and the upper air passages. During the main epidemic the only complications—or almost the only complications—were pulmonary. Pneumonias of a peculiarly toxic type, bronchopneumonia involving large areas to which an unusually large proportion of the patients succumbed. In the ordinary grippe, such as we are accustomed to see every winter there is a relatively large number of cases that develop otitis media. In most instances this acute otitis subsides, either with or without myringotomy. Sometimes it persists and a chronic, purulent otitis supervenes. In a number of cases mastoiditis develops and the patients come to operation. The proportion of these cases varies slightly from year to year, but the mean is almost constant.

In another group of cases, determined probably by anatomical considerations, there are accessory sinus complications which may or may not require surgical interference. The number of these cases too remains fairly constant from year to year.

In this epidemic on the other hand, there has been a notable absence of these usual complications or sequelae. In a few instances, very few considering the pandemic character of the infection, there have been otitic manifestations. Some of these have been followed by mastoiditis, but it seems to be the consensus of opinion that this number has been disproportionately small.

There has been, almost universally, a very red and markedly congested pharynx. The nasal mucosa and that lining the sinuses has been similarly involved and it is to this engorgement that the very frequent epistaxis is due. Many of the patients complained, especially during the pyrexia, of severe headache, usually frontal. The headache subsided with the fall of the temperature and the lessening of the nasal engorgement. It is more than likely that much, if not all of the headache is due to the swelling of the mucosa lining the accessory sinuses with consequent pressure and damming back of secretions.—*American Journal of Surgery*.

## Miscellaneous

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### PSYCHOTHERAPY IN INFLUENZA

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During the now senescent influenza epidemic there has perhaps not been so much tendency to be facetious regarding the prevalence of the disease as has been the case in other instances. Several years ago an operation for appendicitis was considered to be a legitimate topic for serious discussion with others who had experienced it on the one hand, and good material for comedy in the humorous weeklies on the other hand. By some ingenious mechanism of compensation devised by nature, the human race is consoled by misery if shared. If a hundred people in your neighborhood have influenza and you get it too, it is not regarded as so great an affliction as if there were no epidemic and you alone suffered from it.

We shall not here go into any arguments regarding etiology. Whether Pfeiffer's bacillus, in spite of its Koch-less condition, or the streptococcus hemolyticus or some hitherto undiscovered organism, can be held responsible is still so doubtful that we only touch upon it. The fact remains that there is some sort of infection which has ravaged the world, its victims presenting a more or less uniform clinical picture, one of the salient features of which is extreme prostration.

The type of physician who accepts uncritically every case of coryza, pharyngitis, bronchitis, and so on as a case of the "flu" can do an incalculable amount of harm. The nervous, apprehensive type of patient who shudders as he reads in the paper to-day of the hundreds who have died since yesterday—and, apropos, in times of an epidemic, newspapers should be prohibited from publishing these formidable lists—is creating within himself a condition of fear and depression which cannot but be heightened when his family physician is ready to call any co-incidental malady the "flu." A desire to talk about the number of cases he has of the epidemic, a desire to impress the individual patient, a desire for imitation, all these things and perhaps other components enter into this phenomenon. At any rate, whatever the cause, the fact remains that many persons are liter-

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ally frightened to death by an injudicious and indiscriminate nosology.

Let us then insist to our patients that even during a pandemic such as the one now subsiding every sick person is not suffering from it; let us tell them that while there may be a number of instances of the epidemic in our practice, there are many more patients who have not it at all; let us, in short, dispense reassurance instead of pathophobia.

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### Radium in Devonshire

The discovery of pitchblende, the ore of radium, recently made on the Kingswood Estate, Buckfastleigh, formerly the property of the Earl of Macclesfield, is commercially and scientifically of the greatest importance. After over a year's patient mining the present landowner, prospecting on his own account, has discovered a very fine lode, which promises to be one of the most important discoveries of our native minerals during recent years. Dr. Henry Terry, of the University College, London, has analysed a representative sample of the pitchblende, which shows a uranium oxide content of over 26 per cent., or 13 times as rich as the American ore of radium now being imported.—*The Medical Press*.

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### The Loose Woman

*National Health* has a sympathetic article by Margaret R. Torrey, Poor Law Guardian, on "The dark picture of the young girl who has drifted into the workhouse infirmary, wrecked by venereal disease." These girls are classified thus:—

Professional: Abnormal, perverted, vicious.

Casuals: Loose morals, but not wholly corrupt.

War Type: Morally irresponsible, but not wholly corrupt.

It will be seen that in all the moral nature is warped. The fact is strangely overlooked that the downright loose woman is a mental degenerate. This needs to be kept steadily in mind. Woods Hutchinson puts the matter somewhat in this way: too lazy to work and not having any brains to sell, the harlot sells her body.

These wretched derelicts, lacking all the fine qualities of womanhood, not only infect the bodies, but poison the minds of their victims who, I fear, are all too apt to take their standard



## Nucleinol—for the After Effects of Influenza

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of womanhood from them. It is a dreadful business altogether. Men should be made to understand that the harlot is a congenital degenerate. A general recognition of this truth is of the first importance.—*The Medical Press.*

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### Some Remarks

A recent attempt to raise a sum of money for a charitable purpose brought forth the following heartbreaking reply:

"I have your letter requesting a donation for what you consider a very worthy cause. I flatter myself that I have a spirit of loyalty and generosity. I have contributed to each and every object that has been presented to me, but I have to decline helping your cause along for the following reasons:

"I have been held up, held down, sandbagged, walked on, sat on, rolled over, flattened out, and squeezed: first, by the United States Government for the Federal war tax, the excess profits tax, the Liberty Loan Bonds and the bonds of matrimony; in New Jersey for the State tax, the highway tax, the income tax, the auto tax, school tax, cat tax, and syntax, and every society and organization the inventive mind of man can invent to extract what you may or may not possess, from the Society of John the Baptist, the G. A. R., the women's relief corps, the men's relief, the stomach relief, the wifeless, the husbandless, the childless, the conscienceless, the navy league, the Red Cross, the green cross, the double cross, and every other cross of all colors, and by the children's home, the Doreas society, and the hospital.

"One of my mills burned down, the henhouse and board walk blew away and, because I will not sell all that I have to go beg, borrow and steal, I have been cussed and discussed, boycotted, talked to and talked about, lied to and lied about, held up, hung up, robbed and nearly ruined, and the only reason I am clinging to life is to see what in h—— is coming next."  
—*Munsey's.*

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### Horrible Fate of the Children of Lille

No one can read without pity, nor, to use President Wilson's words, "without horror and a burning heart," the petition of the mothers of Lille imploring the French Government to demand of Germany the instant return of their children whom the Huns have carried off into captivity. The list of those taken from Lille alone comprises 4,068 names. Thirteen are children of fourteen years of age, 1,100 are fifteen, 1,447 are

## CONSCIENTIOUS OBJECTORS

to the application of heat as a therapeutic agent in treating pneumonia and other diseases, are rapidly being converted to the use of Antiphlogistine as an adjunct in treating most conditions where inflammation plays a part.

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sixteen, and 1,499 are seventeen. We beg "the Government of the Republic," says the petition, "to summon the German Government to restore to their mothers the children who have been carried off and are retained in contempt of the law of nations. We are tortured by the thought that they are being dragged along with the barbarous hordes fleeing in disorder, that they are at the mercy of heartless and pitiless men, and that, enfeebled by four years of unheard-of privations, they are exposed to all the dangers and sufferings of a routed army."

At the present moment, when Germany to escape the punishment of her crimes, is pretending to reform her governmental system, it is well that this pathetically terrible indictment be given the fullest publicity. The system certainly was monstrous and in need of reform. But what about the people? The system was the product of the nation; it faithfully reflected the nature of the most abject savages that ever disgraced the human race, arrogant and merciless in victory, groveling and treacherous in defeat. The efforts that have been and are being made to distinguish between the Huns and their masters, to whitewash the people and incriminate only the "ruling caste," fill one with pity for the naiveté or contempt for the duplicity of those making the efforts. This war is the war of the German people. It is repudiated by the people now only because the Germans' treacherous and bloody aggression on civilization has failed. Did the German people protest in 1914? Gloating over the prospect of booty, of war indemnities, trade privileges and territorial acquisitions, the German people like one man, hailed with joy the opening of the long promised and impatiently awaited "fresh and frolicsome war," and rushed to participate in it and the pillage.

Four times in a century the German hordes have deliberately drenched Europe with blood. Four times in a century they have poured into France, murdering, burning, plundering; the entire race, officer and private, shopkeeper and laborer, professor and peasant, welded into a solid block by lust and envy and avarice. Read the indignant protestation sent by Lille scientists, Drs. Calmette, Parenty, Witz, and others, to the Academy of Science, and read at the meeting of that eminent body last Monday. Some purblind or callous pacifists urge that the people is not responsible for the crimes of its leaders. But, protest the signers of the protestation, those who have witnessed, as we have, the readiness and zeal displayed by all the troops, young and old, in the execution of their orders, must feel convinced of their complicity.



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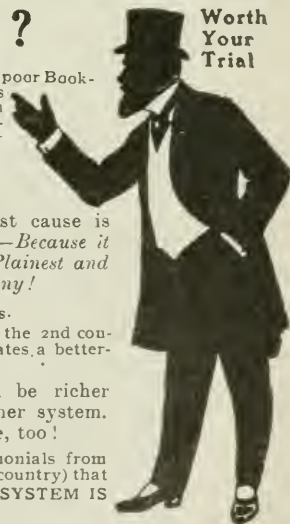
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Proof of that, if further proof were needed, would be found in the hideous *rizzia* which has called forth the pitiful petition from Lille, a petition signed by 5,000 mothers robbed of their children. For the nation guilty of such bestiality can any punishment be too severe? Can any conditions to prevent further German barbarity be sufficiently rigorous? It is not the Kaiser and the "ruling caste" alone that must be shackled; it is the entire horde that must be rendered powerless for evil in the future. Any weakness in dealing with the enemy of mankind, the German people in its entirety, would be fatal. M. Clemenceau's powerful declaration is dictated by a spirit of strict justice and by a sense of duty to humanity: "The most terrible account has been opened between people and people. It shall be paid!"

The *Berliner Tageblatt* now demands an official investigation of the charges laid at the door of the German army and its chiefs. But nothing was said so long as the fortune of war seemed to be favoring the criminal nation; no one, from prince to peasant, condemned the nameless horrors committed in France and Belgium—the ruining of entire provinces, the razing of towns, the driving forth of hapless citizens, the torture and maltreatment of women and girls, the deliberate destruction of hospitals, the murder of wounded, the creating of awful deserts where once were fertile fields and orchards. For all this hideous work of bestial ferocity the German nation has a direct and crushing responsibility.—*Medical Record*.


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### The Physiology of Altitude

We are told by the *J. A. M. A.* that one of the scientific by-products of the war has been a better understanding of the physiology of labor. Before the war it was demonstrated in the Physiological Laboratory on Mount Rosa in the Alps, that mountain sickness was due to oxygen deficiency at considerable altitudes.

The institution of aviation has raised novel problems. The aviator cannot ascend so slowly as to secure benefits of gradual adjustment to new conditions; on the contrary he is subjected to sudden and severe physiological strains. It is stated that the record achievement for altitude was a few weeks ago made by Capt. Lang, the Australian aviator, who reached the height of 30,500 feet, or nearly six miles, in a biplane.





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# Treatment of Suppurative Adenitis in the Axilla

G. Bohmansson (*Hygiea*).—It is strange that in spite of their superficiality and accessibility, suppurating sweat glands in the axilla should take so long to heal. Often, in spite of repeated operation, the inflammation continues for months and flares up again repeatedly. The peccant microbe is usually the staphylococcus aureus or albus in pure culture, and the victims are generally females between 15 and 30. The earliest symptom is a burning sensation, as a rule confined at first to one axilla. As the inflammation progresses, the outer layers of the skin break down and become encrusted, or infiltration spreads from one sweat gland to another, and is followed by suppuration. More and more glands are slowly involved, but islands of healthy tissue persist here and there, suggesting that the spread of infection is by surface contact and not via the lymphatics. Spread of infection to neighboring glands does not as a rule occur till pus escapes either spontaneously or by incision. Strange to say, the lymphatic glands of the axilla are seldom involved. Their inclusion in the inflammation is difficult to demonstrate owing to the tenderness and infiltration of the overlying skin. One cause of the relapses, which are common, is the distortion of the hair follicles by scarring, the misplaced hairs acting as irritant foreign bodies. It is curious that the bulk of the patients suffering from suppurative adenitis of the axillae are chlorotic young women: 12 of the writer's 17 patients were women about 20. A systematic examination of their blood showed chlorosis in most cases. In two cases there was anemia secondary to pulmonary tuberculosis. Hyperhidrosis was observed only in a few cases, and no hirsute abnormalities were found. In several cases the patients traced the cause to wearing some garment for the first time; others to some violent exertion, tennis for example.

The conventional treatment is incision with provision for drainage. The results are so unsatisfactory, frequent relapses requiring renewed incisions, that the writer has followed different principles. To prevent the skin becoming sodden and desquamating, and to check spread of infection from broken-down glands, hot compresses are banned, and the axilla is kept as dry as possible by cleaning it with benzene or alcohol, by frequent changes of dry dressings and by applications of powders. Thermo-cantherization takes the place of incisions with

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drainage, the abscess being burnt by a small Paquelin cautery. No plugging is required, and the procedure is as simple as Unna's for cauterizing boils. The pain is no worse than that of an incision, and changing the dressings is painless, as no plugging has to be withdrawn and replaced. The duration of treatment in the writer's 17 cases was 4 to 20 days. There were, however, several relapses. In one case the conventional treatment had been tried elsewhere for six months, and the axilla presented a complex network of scars. The plugs were removed, for 14 days the axillæ were treated with sun baths, and dressings were dispensed with. The complete recovery was not followed by relapse. When anæmia existed, iron and arsenic were given over a long period. In some cases local treatment was supplemented by autogenous vaccines: their influence either for good or evil was doubtful. In cases of excessive sweating the axillæ were painted with a 3 per cent. solution of formalin, and were daily powdered. The x-rays may be beneficial in an early stage, before suppuration has occurred, but this treatment postulates the services of a specialist if burns are to be avoided.

*Illustrative Case.*—A woman, aged 24, felt a burning sensation in the right axilla after playing tennis. Three days later a tender swelling developed: it was incised and plugged. Fomentations and pluggings were changed daily, and incisions were repeated, although the first incision had been followed by rapid progress of the infection in both axillæ. This treatment had lasted six months when the writer was first consulted. He found numerous scars in the axillæ, and an abundant growth of hair, but no excessive sweating. Hæmoglobin was only 68 per cent. (Sahli), the red cells numbered 4,400,000, the leucocytes 9,200. The axillæ were washed twice a day with iodine in benzene and dry powdered dressings were applied. The axillæ were exposed to the sun for two hours a day, and iron and arsenic were given internally. Two areas of infiltration and suppuration in one axilla were cauterized, healing a fortnight later. No relapse occurred. During the next six months the treatment of the chlorosis was continued.—*Medical Review.*





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### Another Philanthropic German Scheme

The chief engineer of the steamship *Frederica*, which is here from Iceland, reports a conversation with a German scientist who revealed to him Germany's plans to make drug fiends of all the nations which opposed her. German scientists and chemists had planned to accomplish this by introducing morphine, cocaine, and other habit-forming drugs into patent medicines, tooth pastes and powders, and into well known and much used prophylactic preparations. They had progressed so far as to distribute tooth paste containing drugs among the natives on the coast of Africa, who, without knowing why, enjoyed the sensation which resulted from its use and became addicted to it.—*Medical Record*.

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### Brutality in German Prisons

A British officer with a paralysis of the hand tells the story of a Hun surgeon who, while dressing his arm, touched it in a certain region, remarking, "That is the nerve," the British officer understood, and speaking German replied, "Yes, that is the nerve." The German surgeon then said to his assistant, "Here is an Englishman who understands German. Now you shall see how an Englishman can scream." He then had the prisoner's arm placed over the assistant's shoulder and bound to his back, and gave the nerve six jabs with an instrument. This beastly performance occurred in a hospital near Metz about the first week in June, 1918. At Wevelgham, last May, a sergeant in charge of a ward hit a delirious patient in the mouth, knocking his teeth in, because the unfortunate patient had placed his hand under his bandage during his delirium, displacing it. The German sergeant had been a priest in civil life.—*New York Medical Journal*.

One hundred and ninety American prisoners arrived early in December at Nymegen, Holland, where they were interviewed by a correspondent of the *New York Times*. These men were from the 106th and 107 Regiments and were mostly from Manhattan, Brooklyn and North Carolina. They had been held in the Bulmen camp. All stated that their treatment was barbarous at the detention camp, many who were only slightly

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wounded dying owing to gross neglect. The German doctors refused to give adequate attention to slight wounds which they said could wait. This was inexcusable, as plenty of doctors were standing around doing nothing. They appeared to be only interested in frightfully mutilated cases. The wounded were often obliged to walk many miles with undressed wounds. One man had a slight bullet wound in the arm. Attention was refused and he was made to walk miles, his wound getting worse till blood poisoning set in and he died.—*Medical Record*.

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## Original Communications

### A FEDERAL HEALTH DEPARTMENT\*

BY DR. CHARLES SHEARD, M.P., TORONTO.

I congratulate the Government upon stating that they had at last decided to establish a Federal Department of Public Health.

I can conceive at this juncture of no department of the public service which any Government could institute more replete with opportunities beneficial to all classes of the community than a public health service, rightly and justly administered.

Let me give you a few thoughts that have occurred to me with regard to that work. First and foremost, it is a great work in connection with the Department of Immigration. We have had in the past, rushing into this country, without restraint, inspection or restriction, the diseased, the mentally defective, the criminal, the unhappy, the unfortunate, the infamous. They have come in here to do what? To work? Not a bit of it. They are absolutely incapable of working. They are not skilled workmen, they are not farmers—they never were—and they are not artisans. They have been in many cases chased from one large centre of the civilized world to another, until they have embarked *en route* to the new world. Probably they have tried the quarantine station at New York, they have been hunted from there, and then they creep around by the sea and come into Halifax. They have done that in the past. I am not blaming the present Government for that. It is a legacy that dates away back to the time when people of this class were allowed to come into the country.

I have reason to know whereof I speak, for I have had occasion to act in many of their cases. Not only have we to care

\*Delivered in the House of Commons, Ottawa, February 27th, 1919.

for them, but we have the legacy which they leave. We have the epileptic, we have the mental defective. The defective engrafts his progeny upon Canada, breeds in his turn other mental defectives still worse, because with every generation the trait intensifies, until, as a result of imperfect and unscientific inspection, we have innumerable cases occupying our asylums, our jails, our reformatories and our prisons, which have entailed upon the Dominion of Canada a cost of untold millions. All you have to do is to study the catalogues and indices of psychologists and those who have checked up the subject to see the percentage of mental defectives amongst our imported population.

Another feature that I want to refer to has reference to the epidemics which occasionally come in this country. We have had an illustration of one in the ravages of the "flu." "Flu" has been very severe in some localities. Would it not be a profitable thing for the Federal Government to have a scientific bureau of investigation, where trained men would be able and competent to investigate all these sporadic and serious infectious maladies, so that we would be able to deal with the situation before the advent of the infection and thus prevent the wholesale and general infection which is apt to follow if these diseases are not thoroughly and scientifically understood.

There is another point directly in line with that to which I would draw attention. There is the control and supervision of all kinds of quack nostras for the cure of all the ills that flesh is heir to. Is it not time that the Government of this Dominion should control absolutely and rigidly the manufacture and sale of patent and proprietary medicines? Is it not time that they tested in the public laboratories of the country every curative that is to be put upon the public market? Is it not time that they left the manufacture of serums to the provincial authorities whose laboratories in the main are excellent for the development and manufacture of these products? Yet they do not.

I want to give to you, Mr. Speaker, by way of illustration, an incident which occurred under the last Government. I am informed that the laboratories of the Public Health Department of the province of Ontario were ready to make Salvarsan, or as it is known, 6-0-6, as a serum cure for syphilis. Before they could distribute that amongst the medical men of the country, they required a Federal license, and the officers of the Provincial Board of Health of Ontario came to Ottawa for the purpose of obtaining that license. They were not permitted to get it. They were absolutely refused the license which



would have permitted the Provincial Board of Health to manufacture and distribute that curative product. They were opposed by what we may call the interests, by certain men who were engaged in the introduction of other so-called cures for the same thing. Now, I contend that these things should not be, and that there is a splendid opportunity for a Federal Department of Public Health which will regulate all that kind of thing. Now if these things are true about the human organism, they are equally true about another branch of the animal kingdom, viz.: cattle and other domestic animals. They are equally liable with ourselves to infection, and they are equally liable to conditions and troubles which can be cured by scientifically and wisely directed effort. So also in connection with the vegetable kingdom. There are infectious maladies in the case of fruit trees, and various other species and varieties of vegetation, with which it is the bounden duty of the Dominion to deal, and not the duty of any particular province. I am fully aware that health affairs ought to be left to the provincial governments very largely. True, they are to a great extent a matter of locality, or are very often modified by local conditions, nevertheless, it is wise that we should co-operate to the fullest, and assist to the utmost of our power in the work, the pioneer work, which has been so splendidly done by the provinces in the domain of public health. But that is begging the question entirely; there is still a large field of activity awaiting the attention of a federal health department. Moreover there are legacies, directly traceable to this war, which the federal health department must needs deal with. There are cases of tuberculosis, there are cases of venereal disease, there are cases of mental aberration, there are cases of shell shock, there are cases of chronic nervous maladies, which will be with us for ten or fifteen years to come, the treatment of which is not a burden belonging to any particular province, but should rest upon the shoulders of the Federal Government, representing the country as a whole, and should be scientifically and intelligently dealt with. But if we are going to have active, energetic, and proper service from this department, we must have a medical mind at the head of it. There is in its administration as much technicality, as much minute detail, as much complexity, as there is in the conduct of the Department of Justice; and yet would any member of this House entertain for a second the thought that a doctor, or a layman, could administer, as Minister of Justice, that legal department with any degree of common sense or satisfaction. And yet the

Minister of Justice has to deal with man-made laws, whereas in the Department of Public Health the administrator is confronted with the great complex and obscure laws of nature, which it requires long training to apprehend and even then they cannot be understood to the fullest degree. These laws can only be realized by a study in the greatest laboratory of all, in the hospital ward, where we see the varied phases through which the sick are passing, and where we are able, with gentleness and kindness, to make every allowance as we approach with a keen desire to help those cases which command our sympathy and our regard. It is for that reason that I urge upon the Government to begin right, to place at the head of the Health Department some man who will command the respect of the whole of this Dominion; a man who is skilled and expert in medical knowledge, so that he can administer that department with the same efficiency and the same comprehension as is displayed in the administration of the Department of Justice.

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### A FEDERAL DEPARTMENT OF HEALTH\*

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BY DR. MICHAEL STEEL, M.P., TAVISTOCK.

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I want to refer to one question that is before the Government at this time and which was referred to in such excellent terms this afternoon by the hon. member for South Toronto (Dr. Sheard)—the Public Health Bill. The previous speaker (Mr. Dechene) made the remark, if I understood him, that a Public Health Bill was not warranted by the circumstances. I hope, Sir, that when the discussions which will take place on that Bill during the session are ended, my hon. friend will be fully convinced that the circumstances do warrant the establishment of a Public Health Department. I am gratified that the Government have announced their intention of organizing a Public Health Department. For two years I have brought the matter before the House and it is gratifying to know that at last the efforts that have been made in this House on many occasions are going to bear fruit and that we are likely to get the department which is needed. This is in line with what I believe this Government, as all governments in Canada, will have to do in the next few years—give greater attention to

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\*Delivered in the House of Commons, Ottawa, February 27th, 1919.

social problems. After all, the importance of our country is determined by our people, and unless we have a vigorous, virile, healthful people, we cannot have a country of the first importance. Universal health conservation is, to my mind, the duty of the nation. Sanitary science has placed within the hands of the State facts which, if applied to the protection of the health of our people, will produce a greater and better nation. The physical care of our people determines to an important degree the mental and moral development; and all combined, the physical, mental and moral, are required to make the best citizens. In Great Britain much attention is being given to the subject. In his first speech of the campaign in the general election of last fall, Premier Lloyd George made this statement:

"The recruiting statistics have revealed terrible conditions as regards the physical health of the nations. This is due not to poverty but to neglect. The health of the people must be the special concerns of the State."

The British Labor Party have adopted as the first principle of their platform:

"The securing to every member of the community all the requisites of healthy life and worthy citizenship."

What can be done in Canada? In these days we hear much of the burden of taxation which is going to be put on the people of Canada as a result of the war. Every person is looking for a means by which taxation can be lightened. I want to give to this House a possible method by which the taxation of Canadians may be greatly lightened. Irving Fisher, in his work on "National Vitality," estimates that sickness costs each family in the United States on an average \$110 per year. If that rate is applied to the people of Canada, it costs the people of Canada \$220,000,000 each year for sickness, and \$100,000,000 at least of that can be saved, or the part of that cost which is due to preventable sickness; sickness which, under an efficient department of health, can be prevented. This tax falls heaviest on the working man.

It is estimated that on the average each working man loses nine days per year from sickness. In Canada we have a million and a quarter working men. Which means that eleven and a quarter million days' labor are lost to the country on account of the sickness of the working men, a loss in wages alone of at least \$35,000,000. Then there is to be added to the wage loss the cost of the sickness, and the cost of the deaths. Not only that, but sickness brings unemployment, which we are all striv-

ing to prevent. Unemployment is followed by poverty, poverty is followed by destitution, and destitution is followed by either charity or crime. In Canada, there are every year at least fifty thousand deaths which are unnecessary. This is a tremendous economic loss. Let me give you some figures to illustrate: If ten thousand of those who die are wage earners, and each wage earner is worth to the country at least \$10,000—so it is estimated—then, Sir, the unnecessary deaths of wage earners occurring in this country each year means an economic loss to Canada of at least \$100,000,000. There is an opportunity for a modern, up-to-date, live Government such as we have to-day in Canada to save that immense burden of taxation to our people. Not only have we great unnecessary loss among the wage earners from deaths, but every year in this country there are dying fifteen thousand infants under one year of age, who can be saved to the state. The blackest page in the records of Canada is the page which contains the records of infant mortality, because that record is due to the neglect, indifference and ignorance of the Canadian people.

We have for years been applying conservation to our agricultural problems, but why, Mr. Speaker, may I ask, should we conserve the fertility of the soil and not conserve the tillers of the soil? Why should we conserve plant life and not human life? Why conserve animal life and not child life? Why conserve our forests, our iron, our coal, our water-powers, and neglect our people? Thousands are spent every year to destroy the parasites which prey on plant and animal life, but how miserly we become, how miserly the Government has been in the past, when asked to spend anything to protect from similar parasites the citizens of our land. Horses, cattle, hogs, fruits and vegetables, all receive due attention, but thousands of infants are allowed to go to early graves, thousands of wage-earners are allowed to die or become disabled, without any attention from the State.

We have for the past few years been fighting to maintain democracy in the world. The Canadian Army preserved Canada as a democratic country. Our soldiers made their contribution for democracy; now it rests with the people of Canada to make their contribution by rendering Canada a democratic country fit for a democratic people to live in. Why expound the benefits of democracy to a poor citizen with tubercular chest, slowly fading, knowing well that within a few months, or a year or two, his little family will be left to depend for the essentials of life on the cold charity of the world? Can we



interest in democracy the wife or children of a man who can leave as his only legacy to society another illustration that the sins of the fathers are visited on the children unto the third and fourth generation? The only democrat who can appreciate Canadian democracy is he of clear eye, pure blood, robust frame, and well-functioning brain, enabling him to fully enjoy the privileges and liberty which that democracy bestows upon him. To protect our people from the conditions which I have been describing, is to perform work of the highest and most patriotic character, work worthy of the attention of any Government.

To secure the greatest industrial production and development, it is necessary to maintain at the highest efficiency the health of the farmer, the industrial worker, the transportation employee, and all other workmen on whom depend the production and distribution of agricultural and industrial products.

The speech from the Throne announced that a Bill would be brought in dealing with immigration matters, and I am glad of it. In this connection the Health Department can be of very great service. I hope, Sir, that in future only the immigrant of healthy body and sound mind will be admitted into our country.

The great problem of the feeble-minded in Canada to-day has arisen chiefly because our Dominion authorities have been permitting great numbers of feeble-minded immigrants to come into this country. At the inspection of immigrants in New York City it has been found that four out of every 1,000 people applying for entrance into the United States are feeble-minded. I doubt not that the percentage of feeble-minded among those who have been applying for entry into Canada in past years has been quite as great. If so, it means that every year, for a considerable period at least, from 1,200 to 1,500 feeble-minded persons have been admitted into Canada. Let us pause and think of the enormous burden that this places upon our people. Remember, too, that 80 per cent. of the offspring of these people will be feeble-minded. As we make this calculation we find that the Dominion, through laxity and carelessness, are admitting and have been admitting into this country every year large numbers of people who ultimately will be a tremendous burden upon each of the provinces. So that from a provincial as well as national point of view it is important that immigration regulations shall be stricter and the inspection of immigrants more efficient.

But in our immigrants we require not only healthy bodies



and sound minds; we look for more than that. We have a great country. Perhaps in the past we have been allowing ourselves to run to commercialism. As a result of the war and of our war work, there is imposed upon Canada the necessity of making of this country a great British nation where the English language shall prevail and where law and order must be recognized.

There is no room in Canada for Bolshevism, and if there are any evidences of it to-day, we are but reaping what we have been sowing in our immigration policy. We have seen people in Canada during the past four years who have been profiting by the protection of the Canadian flag and of Canadian law, whose hearts were turned against Canada during that conflict, and who were openly professing sympathy with our enemies. I hope that in the future our immigration policy will be such as to guard this country against the man who comes to exploit Canada. In the past the desire of the foreigner has been the deciding factor; in future we should have the assurance that the foreigner desires, when he comes to Canada, to become a good Canadian citizen. We need immigrants, but we do not need them so badly that we must accept any one and every one who desires to come. I do not sympathize with the view that in future our immigration policy should be limited only to the Anglo-Saxon countries; I believe that there are many good people in continental Europe who will make most desirable Canadian citizens if our people do their duty by them when they arrive here. But in my opinion, none but those who are able to speak English or the French language should be granted the rights of citizenship until at least eight years after their arrival here. I believe also that every immigrant should be registered on his arrival and that he should be required to have in his possession a registration card such as our own people had to have during the last few months of hostilities, so that a check can be had on him at any time. The eight years should be spent as a period of probation, and if at the end of that time the immigrant has not been living as a well-behaved, law-abiding, industrious, loyal Canadian citizen should live, and if he has not in those years been successful in acquiring a reasonable knowledge of the English language, he should at the end of that time be invited to return to the land whence he came and not be allowed to carry with him all the wealth which he has made in this country. Every one who leaves the land of his birth to settle in another country should feel that by so doing he indicates

a willingness to relinquish the language and customs and ideals of that land; and when he comes to Canada he should come with a willingness to adopt the language, the customs and the ideals of this country. Only by the recognition of this principle can we develop a citizenship which is one hundred per cent. Canadian.

We should not blame former immigrants for the condition of affairs which has been shown to exist in Canada of recent years. They came here on invitation; they were almost constrained to come. But when they landed here they were ignored. No further attention was paid to them. If blame is to be laid on any person, it should be laid on our Governments, on our municipal authorities, our educational authorities, on our public men, and especially perhaps on our aspirants to public life who are too often willing to cater to the foreigner in our midst in order to get his vote. Perhaps a share of the blame could be laid on the shoulders of every Canadian citizen, for we have all sadly neglected the newly-arrived immigrant. Many of them have left their own countries and have come to Canada in order to escape oppression and to enjoy the liberty which Canada offers them. We desire that they shall enjoy that liberty, but the liberty which they enjoy in Canada must be Canadian liberty, they cannot be permitted to enjoy the liberty which they imagine they might enjoy if they had remained in the land of their birth. Canadian liberty entails a responsibility, and the immigrant coming to this land should be made to understand that. That responsibility is a responsibility to the State, and amongst the responsibilities to the State is the responsibility to defend the State when the State requires defence.

We are at this time emerging from trying experiences. Victory has come to our armies overseas. Victory has also come to our people at home, because we will all, I am sure, admit that the efforts of the Canadian people at home have resulted in splendid industrial and agricultural victories. The combination of these two forces will, I am certain, result in our people courageously facing the difficult national problems of the next few years. Together they will successfully overcome these difficulties, and the achievements of our after-the-war army in industry, commerce and agriculture will be such that there will result a greater and more prosperous Canada than the most optimistic at present can even hope for.

## Editorials

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### A FEDERAL HEALTH DEPARTMENT

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We are glad to publish in this issue two able and interesting speeches, delivered in the House of Commons, on the proposed establishment of a Federal Health Department, by Dr. Chas. Sheard of Toronto, and Dr. Michael Steele of Tavistock, the one being a member for South Toronto and the other a member for South Perth, in the Dominion Parliament. Both of these men have given the subject a great deal of study, and their utterances are both wise and interesting.

While at the time of writing nothing is definitely known as to the Bill which the Government will introduce, it is expected that the general scheme will be somewhat as follows. The new department will be probably placed in charge of one head, who will be known as the Minister of Health. Dr. Sheard and many others in the profession hold the opinion that this Minister should be a properly qualified physician; many others, including some members of the Government, think the Minister may be a layman, but that the Deputy Minister, or Chief Officer of Health for the Dominion, should be a skilled physician with an extensive knowledge of hygiene. Under the Chief Officer of Health it is thought there should be something like eight or nine services, each in charge of a medical officer, an expert head, an engineer, or a chemist. As to the character of the different men in charge of the services there is some difference of opinion, and

some persons interested in child welfare think that that service should be under the care of an expert in such matters—preferably not a physician. Among the most important services would be Immigration, Social Hygiene, Infectious Diseases, Child Welfare, Health Insurance, Housing and Public Works, Laboratories, Foods and Drugs.

There are certain kinds of work which must be engaged in by both the Federal and Local Parliaments, but there appears to be a consensus of opinion among those interested, that in those cases where dual duties exist, a satisfactory division of the work can be easily made. A Dominion Council, if created, would probably decide.

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#### MEDICAL ASSOCIATIONS' MEETINGS

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Three important meetings of medical societies will be held in Toronto in the last week of May.

The meetings of the Canadian Medical Health Association; the Tuberculosis Association; and the Ontario Medical Health Officers' Association will be held May 26th, 27th and 28th; and the meeting of the Ontario Medical Association will be held May 28th, 29th and 30th.

The officers of these societies are now actively engaged in preparing their programmes, which, it is hoped, will soon be distributed to the physicians of the province. It is confidently expected that good programmes will be prepared.

We publish in this issue a letter from the President of the Canadian Medical Association which appeared in the March issue of the Association journal. Dr. Grondin calls attention to the fact that

the dates of the meeting, as chosen originally, have been changed to June 25th, 26th and 27th. As announced in our last issue, the meeting will be held in Quebec.

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#### PROVINCIAL BOARD OF HEALTH

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We have received the annual report for 1917.

The only amendment to the Public Health Act gave power to the local Board in cities with a population of not less than 200,000 to provide such dental and medical inspection, as is required in the public schools.

During the year the Board continued to distribute, free of charge, antitoxins, sera, and vaccines for diphtheria, tetanus, smallpox, typhoid, meningitis, and to carry out free Pasteur treatment for suspected rabies.

In referring to the district officers of health, much regret is expressed because of the death of the officer of No. 1 District, Major David B. Bentley. He went overseas with the First Contingent in the autumn of 1914, in charge of an Ambulance Section. His health began to fail in the latter part of 1916, when he went into a hospital. About the 1st April, 1917, he developed pneumonia, and died on the 5th. Dr. Bentley was an efficient health officer and a fine soldier. Since his death his work has been looked after by Dr. T. J. McNally, of District No. 2. Dr. R. E. Wodehouse is still overseas, and his work in District No. 7 is looked after by Dr. W. E. George, of District No. 6.

Dr. W. C. Allison has given very valuable services in tracing the origin and causes of several out-



breaks of typhoid, diphtheria, cerebro-spinal meningitis, and other affections.

The Annual Conference of Health Officers continues to be popular. The meeting in Toronto was interesting, with an attendance of about three hundred. As there are sixty medical officers in the province. As there are six hundred medical officers in the province the attendance should be greater.

The Child Welfare Bureau was very active in 1917, with Miss Mary Power, the director, in charge. A survey of the city of Hamilton, with the help of twenty-five young ladies, was a fine accomplishment. The "Exhibit," with many public health features, including a "Child Welfare Section," was shown in several centres. An extensive clinic was carried on at the Canadian National Exhibition. Miss Power believes, however, that much more intensive work is necessary in order to improve Ontario's record in promoting child life.

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#### UNIVERSITY WAR MEMORIAL

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After careful consideration by the General Alumni Memorial Committee (Judge Masten chairman), it has been decided that the memorial will take two forms, (1) Physical Memorial, (2) Scholarships.

After consideration by the Physical Memorial Sub-Committee (Dr. James MacCallum, chairman), it was decided to choose one of the following: A monument, an arch, an addition to the library, an addition to Convocation Hall, a chapel, a Gothic tower and a carillon of bells.

The Committee inclines to the last named, and submits the following proposal for approval or other-

wise: "The erection of a Gothic tower, in which should be placed brass tablets inscribed with the names of the fallen, illuminated missals containing the names of all the survivors of the great war, and a carillon of bells, to be for all time an audible and daily reminder." The site proposed is between the main university building and Hart House. The scheme seems admirable in every way, and we hope and believe it will be generally approved.

The Sub-Committee on Scholarships (Mr. J. R. L. Starr, chairman) is not at present prepared to make detailed recommendations, but "is of the opinion that 50 per cent. or more of the scholarships should not be held in perpetuity, but that both principal and interest be used up in, say, fifteen years, so that more money may be obtainable during these years when the demand will be so great."

The Sub-Committee on Finance (Mr. Lesslie Wilson, chairman) will have the principal responsibility for the campaign to raise the funds required for the Physical Memorial and the Memorial Scholarships. It has obtained the services of Mr. A. F. Barr as general organizer.

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#### GERMAN MEASLES

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Some say "measles is measles"; but, again, we realize the fact that German measles, or Rubella, or Rötheln, is a disease distinct from orthodox measles. The term Roseola has been used at times as a synonym for both forms. The question now arises—What are we going to do with the word German? Many of our loyal subjects object to the Boche prefix.

A CHILD'S FEAR IN THE DARK

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A lady correspondent recently expressed the opinion in the London *Spectator* that the child of the present day is not so much frightened of the dark as were his parents. She says, in explanation, that the hymns and moral instruction for children were formerly of a rather terroristic nature, whereas nowadays we are less superstitious. She believes that—"If I die before I wake" and "In the long night watches, angels round my head"—are not suitable for the lively imagination of children of a tender and helpless age.

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THE CANADIAN HOSPITAL AT ST. CLOUD, FRANCE

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This hospital was closed recently. On the occasion of its closure, a reunion was held, which was attended by the Canadian delegates to the Peace Conference and many distinguished men from the French and British armies. Dr. Mourier, who presided, thanked the Canadian doctors for their co-operation and their devotion to the French soldiers; more than 5,000 severely wounded, and a number of other patients with medical diseases were cared for in the hospital. Dr. (Lieut.-Col.) Edward Lebel, Quebec, who was O.C. at St. Cloud, was stricken with paralysis in the latter part of January.

## News Items

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### DR. TAYLOR FAVORS BUREAU OF STANDARDS IN OTTAWA IF KEPT CLEAR OF PARTIES

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Principal R. Bruce Taylor, of Queen's University, has replied to Dr. A. B. Macallum, Chairman of the Council for Industrial and Scientific Research, who recently replied to the Principal's statement that Queen's had been unfairly treated by the Council.

Dr. Taylor reaffirms his position that Queen's was slighted by the Council.

He points out that Queen's was originally omitted from the Council while two other universities, Dalhousie and Saskatchewan, one of which had done little research, and the other of which was in no position to undertake any kind of research work, were given representatives. A vigorous protest was made with the result that Prof. Kirkpatrick, of Queen's, was added to the Council.

The Principal refers to a statement by Dr. Macallum on January 2nd, 1919, that in the more generous investment of State funds for the purpose of training qualified scientific workers starting, say, with Toronto, McGill and the l'Ecole Polytechnique, lies the hope for the ensuing years of the world's strenuous and pitiless trade warfare.

Why, then, was the French school included, he asks. "Because," he says, proceeding to answer his own question, "if anything was to be done for McGill, something had to be done for l'Ecole Polytechnique. It was not good business to exclude the French-Canadian element. I admit at once that the political difficulty in Canada is great, but the trial of politics has been over the scheme from the outset, with the result that an injustice has been done to Queen's."

Defining Queen's attitude, the Principal says: "I would not have the attitude of Queen's University misunderstood. We are wholly in favor of the establishment of a bureau of standards in Ottawa, and we are also in favor of the extension to the utmost of research work. What we object to, apart from the implication that we are worthy of no place in any scientific movement, is the establishment of an industrial research bureau in Ottawa, which would swallow up a mint of money and become only an adjunct of party."—*Mail and Empire*.

### MEDICAL AERONAUTICAL CONGRESS

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The first Inter-Allied Medical Aeronautical Congress was held in Rome, March 11th, its object being to promote the study of medical problems arising from aviation. Resolutions dealing with physical and psychological tests applicable to candidates for pilots' licenses, the control of flights to high altitudes, and the use of oxygen by aviators were presented, and the hope was expressed that these resolutions would be taken into account when an international aerial code was drafted. It was decided to form a permanent committee to present the views of the medical profession in matters pertaining to aviation. Professor Guillaum, of the University of Paris, was elected president of this body.

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### HOSPITAL FOR BELLEVILLE

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The St. Michael's Church congregation of Belleville contemplates in the near future the erection of a new and up-to-date hospital there, and the site has been chosen. It will be a stone structure and will be in close proximity to the church. Plans have been prepared and the work will be commenced as soon as conditions permit. The plans call for the installation of the most modern hospital equipments obtainable, and it will be undenominational.

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### ASPIRIN AND ESPIONAGE.

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The Philadelphia *Public Ledger* tells us that Mr. A. Mitchell Palmer, of Philadelphia, recently made some startling disclosures of the extent to which German capital operated in the United States, with purposes hostile to that country. Doctor Palmer told how, when the Bayer Aspirin Company was seized in New York, twenty-three trunks were found in the cellar of the building. Officials of the company explained that these trunks contained clothing belonging to employees, and when they were opened they were found to contain the papers of almost the entire workings of the Bernstorff system of espionage.

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The staff of the Surgeon-General are arranging to give a series of talks to all the soldiers before they are discharged.



## EYE TROUBLE OF VISCOUNT GREY HAS ENDED IN TOTAL BLINDNESS

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The eye trouble with which Viscount Grey, former British Secretary of State for Foreign Affairs, has been afflicted for years, has now culminated in total blindness, says *The Daily Mail*. Viscount Grey is learning to read by the Braille system for the blind.

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Dr. James Barton addressed the Council of Toronto, March 10th, urging the provision of more public athletic fields. As a military physician, he had never rejected a man who had taken part in athletics. Playgrounds and athletic fields were necessary to develop men to take the places of men who had been lost, and to provide, if necessary, material for an army of the future.

The Council passed the recommendation that a by-law be introduced to raise half a mill on the dollar for new athletic grounds.

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The Board of Control, Hamilton, recommended that the salary of their able and efficient Officer of Health be increased from \$3,000 to \$3,500. At a meeting of the Council, March 11th, it was decided by a vote of nine to eight that it should be \$3,200 instead of \$3,500. We sincerely hope that the Council will reconsider the matter in the near future and make his salary \$4,000, or at least \$3,500 for this year. Dr. Roberts is considered by the Provincial Board one of the most competent health officers of Ontario.

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Lieut.-Col. Clifford Reason, of London, Ont., commanding No. 3 Stationary Hospital at Doullans, France, will shortly return home. Dr. Reason had charge of this hospital when it was bombed on May 29th last, some thirty or more of the staff and patients losing their lives.

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Miss Marjory Vrooman, daughter of the late Dr. Vrooman, died in the Pyrenees Mountains early in March, and was buried at Bordeaux. Early in the war she enlisted for work among the gassed soldiers, who were sent to a convalescent station in the Pyrenees.

Dr. Clarence Hincks, Secretary of the Toronto branch of the Canadian National Committee Mental Hygiene, at a recent meeting of the Committee, said, "There are in Canada 5,000 soldiers suffering from mental disorder." While these men would require care for some time, he thought it not necessary to give treatment in the hospitals, but, rather, to follow them up after they left these institutions.

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Mrs. Alton Garrett, wife of the late Dr. Garrett, of Toronto, expects to return from England some time in April. Her son, Capt. Philip Garrett, R.A.F., has been with the Aviation Corps in Siberia for about six months.

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At the last meeting of the Æsculapian Club, Toronto, the following officers were elected: President, Dr. H. J. Hamilton; Vice-President, Dr. N. H. Beemer; Treasurer, Dr. Edmund E. King; Secretary, Dr. F. C. Harrison.

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The *Jour. A.M.A.* reports the first trial of transporting wounded by aeroplane. Gen. Paeymiran was recently wounded on the Moroccan front; he was transported by aeroplane to Bon-Denib in Eastern Morocco, where he received treatment.

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In the latter part of January a meeting of the Toronto Alumni of Buffalo and Niagara Falls, N.Y., was held in the Buffalo Club, under the chairmanship of Dr. J. D. Bonnar, who graduated from Toronto and Trinity Universities in 1878.

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Dr. W. J. McCollum, of Toronto, who was spending a part of the winter in Florida, was taken ill with typhoid fever about the middle of February, but we understand is making a good recovery.

QUEEN'S UNIVERSITY AND INDUSTRIAL RESEARCH

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*To the Editor of The Globe:*

As the action of the Advisory Council for Research, in practically ignoring Queen's University and its work, might be misunderstood, would you let me, as one of its trustees, give some facts within my knowledge?

Prior to the war the Mining Department of Queen's did valuable work in industrial research for both the Dominion and Ontario Governments, as well as for manufacturers, and, had it had the needed funds, would have done more. Immediately after the war broke out, realizing the great importance that research would now have, I brought the subject before Sir G. E. Foster, Sir Robert Falconer, Sir William Peterson and my colleagues at Queen's, with a view to co-operation in it between the Dominion Government and the universities. There was a cordial acquiescence on the part of all, and the Minister desired to have further details for study. Then and subsequently it was pointed out to him that Toronto, Queen's and McGill were the only universities fully equipped with laboratories and apparatus for at once initiating the work. To aid in this study I asked the three universities for information as to what work they had recently accomplished in both pure science and industrial research. Queen's and McGill immediately furnished statements, but whilst in pure science the University of Toronto had done some excellent work, I was informed that in industrial research it had accomplished practically nothing. This and further information gleaned from the mining branch at Ottawa and elsewhere enabled me to publish and communicate to the members of the Government a summary of what Canada was doing in these departments of research. It was at this time that I was asked to co-operate in the Toronto proposal for a research institute in connection with the Canadian Institute, but the larger movement seemed more desirable.

Correspondence continued with Sir G. E. Foster for towards two years before the Premier and he advised me that their plans were matured. I do not know who suggested the names of the Advisory Council, but was surprised to find that whilst Toronto and McGill were each given two members, Queen's was ignored, and other gentlemen were appointed who could hardly be said to have previously taken any interest in industrial research. Recently the Advisory Council has fur-

ther decided to give its special permanent facilities for universities only to Toronto and McGill.

Queen's is committed to and has been directly engaged in research in metallurgy and certain branches of physics, thanks especially to private generosity. Throughout the war one or two of its staff were taken over by the Imperial Government for research work, and have done well in England. Additional laboratories are, however, needed for these new developments at Queen's, and evidently private liberality must now be sought for this purpose.

Queen's has had to struggle for many years with limited revenue, but, in spite of this, has found its place and made its name, although in accomplishing this it has often had reason to regret the spirit shown by some other institutions which should have been glad to hear of courage and success in a sister institution.

ANDREW T. DRUMMOND.

March 3, 1919.

#### LETTER FROM THE PRESIDENT

*To the Members of the Canadian Medical Association—*

I wish to express my high appreciation of the honor conferred upon me by the members of our Association in electing me their President for this year, and also to take the opportunity of thanking them for having accepted our invitation to come to Quebec for the next annual meeting. We trust our city will prove worthy of such an important event as the meetings of the Association always are.

I must acknowledge the efforts of our committees in the preparation of the programme; and I bespeak the co-operation and goodwill of every member in helping to make this, our fiftieth session, an interesting and profitable one.

Many prominent Canadians have already promised papers, and as we also expect England and France to send delegates, we are confident of having a full measure of success.

I must draw the attention of our members to the fact that the dates of the meeting, as chosen originally, have been changed to June 25th, 26th and 27th. It was found that the former dates clashed with the meetings of other societies which members wished to attend.

Yours faithfully,

S. GRONDIN.

## Personals

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Dr. (Major) Brefney O'Reilly, of Toronto, sailed for England on the *Olympic* from New York, March 1st.

Dr. (Col.) Herbert Bruce returned to Toronto from Overseas, March 3rd.

Sir Andrew MacPhail, of Montreal, visited Kingston about the middle of March.

Dr. Louis de Lotbiniere Harwood was recently elected dean of the medical faculty, Laval University, Montreal.

Dr. Antoin H. Desloges has been appointed General Supervisor of the Hospitals for the Insane, in the Province of Quebec.

Dr. (Major) Cooper Cole, Toronto, has been made O.C. Military Hospital at Witley, England.

Dr. William Goldie has returned from Overseas and resumed practice at 86 College Street. He will confine himself to office and outside consultations.

Dr. Howard Jeffs, son of Dr. William Jeffs, North Toronto, is Chief Medical Officer in charge of disembarkation of Canadian troops at Portland, Me.

Dr. C. H. Vrooman has resigned his position as Superintendent of the King Edward Sanitarium, Tranquille, and is now acting Superintendent of the Tuberculosis Clinic, Vancouver, erected by the Rotary Club of that city.

Dr. (Col.) Harold Parsons has left Toronto and joined the Travelling Hospitals Commission, taking the place of Dr. Donald McGillivray, who has resigned from the Commission and resumed private practice in Toronto.

Dr. and Mrs. W. Sloan celebrated the diamond anniversary of their wedding on March 4th, at their residence in Toronto. Dr. Sloan graduated from Victoria University in 1865, and practised in Huron County until 1891, when he removed to Toronto. The doctor is in his 87th year, and Mrs. Sloan is 79, and we are glad to say both are in good health. We offer congratulations with good wishes.



## Obituary

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### WILLIAM BURT, M.D.

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Dr. Burt, of Paris, was well known and highly respected, not only in his own province, but also in all parts of Canada. He was born in Brant County in 1849, received his medical education in the Toronto School of Medicine, and graduated from Toronto University in 1870. After doing some post-graduate work in Brooklyn Hospital, he joined the United States Army as surgeon, and saw a little fighting on the Texas frontier. He retired from his military work, returned to Canada in 1872, and commenced practice in Paris, where he remained for the rest of his life. He soon achieved professional success, and, as a general practitioner, was certainly one of the best. He was always progressive and kept abreast of the times, and was a faithful supporter of both the Canadian and the Ontario Medical Associations. He was President of the Ontario Medical Association in 1906, with the hearty concurrence of the members from all parts of the Province. He was ever loyal to his *Alma Mater* and was highly esteemed in University circles, especially after he became a member of the Senate in 1906. He had a charming and also a strong personality, and, although of a rather retiring disposition, made friends wherever he went. His death, although in no sense unexpected, has caused profound sorrow in all who knew him. His great success in so many directions has been a source of wonder to those who knew him intimately, because of his physical weakness practically from childhood. He developed tuberculosis in early life, and had serious pulmonary hæmorrhages in the early seventies, one of the worst being in 1871 on the Texas border.

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### GEORGE H. BERRY, M.D.

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Dr. George Berry, a graduate of Queen's of 1895, died at his home in Westport, Leeds County, from pneumonia, following influenza, March 5th.

**EDWARD McGRATH, M.D.**

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Dr. McGrath, of Peterboro', died at St. Joseph's Hospital in that city, March 5th. His illness was of short duration, and the cause of death was said to be heart failure. He graduated M.D. from Queen's University in 1888.

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**ANNIE DAVIS, M.D.**

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Dr. Annie Davis died at her home in Hamilton, March 6th. She graduated M.D. from Trinity University. She practised for a time in Bridgen and removed to Hamilton twelve years ago, during which time she was engaged in a large practice up to the time of her last illness of one week's duration.

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**CHESTER M. McBRIDE, M.D.**

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Dr. McBride died at his home in Welland, February 26th, aged 34.

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Two of the most prominent physicians of the United States have died recently at advanced ages.

Dr. Thomas Addis Emmet, of New York City, for many years the ablest gynecologist on this continent, died at his home, March 1st, aged 91 years.

Dr. James Tyson, of Philadelphia, formerly dean and professor of medicine in the Medical Faculty of the University of Pennsylvania, died at his home, February 21st, aged 77 years.

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Dr. Donald A. Campbell, a prominent physician of Halifax, and at one time professor of medicine at Dalhousie University, died January 7th.

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Mrs. Bascom, wife of Dr. Jos. Bascom of Toronto, formerly of Uxbridge, died March 10th.

## Selections

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### SYMPOSIUM ON PROLAPSE OF THE UTERUS\*

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#### PREVENTIVE MEASURES DURING LABOR AND IN THE PUERPERIUM.

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BY DR. M. H. V. CAMERON, TORONTO.

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It has long been a reproach levelled against the body of medical men who practice obstetrics that the work of the gynæcologist is mainly an attempt to cure the disabilities consequent on childbirth and to repair the damages wrought by careless, ignorant and incompetent accoucheurs. Like all similar generalizations, this reproach is most unjust, but it still contains so much of truth that it cannot be dismissed as groundless. Let us at once acknowledge that the average practitioner is conscientious, and that he does do his best to prevent the damage which results in prolapse of the pelvic viscera and all its attendant miseries, and let us also acknowledge that Crossen is absolutely fair when he calls upon gynæcologists to use the term "relaxation of the perineum" and not the more common reference to "tears" with its attendant innuendo of neglect. There still remain a few points, which will doubtless be elaborated in the discussion, upon measures which may lessen the incidence of prolapse of the uterus as a consequence of labor.

The care of the perineum during labor is so well taught and so generally recognized as important that everyone doing obstetrics attempts to prevent lacerations and makes his best effort at repairing them, should they occur. Therefore, if laceration of the perineum be one cause of prolapse of the uterus, it requires mere mention. If it be the cause of prolapse, a symposium such as this should be unnecessary, as there would be no such condition were repairs properly and promptly carried out.

The thousand and one operations devised to relieve the hernia of pelvic viscera, called prolapse, indicate clearly that the desired objective must have failed in most of them. A hernia of abdominal viscera through a scar in the wall containing them is operated upon by one general method with but minor

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\*Read at the Academy of Medicine, February 6th, 1919.

modifications in technique. The result in these cases is, generally speaking, a complete and permanent cure of the condition. It follows that, as Fitzgibbon of Dublin has so well pointed out, the cause of prolapse must be misunderstood by the gynæcologists who have devised the many methods of repair and that, as in other herniæ, there should be one general principle upon which the repair should be made, and that this repair should not necessitate ablation of organs, nor distortion of structures nor interferences with function. This conclusion, if correct, supposes one general cause of prolapse of the uterus and this cause, Fitzgibbon states most convincingly, to be a breaking through of the endopelvic fascia, especially in its ligamentous expansions from the lateral and anterior fornices upon the cervix of the uterus.

As this paper deals only with preventive measures during labor and the puerperium, I am unable to pursue Fitzgibbon's argument farther, but, in the light of the principle he has suggested, to restate certain rules of practice well-known and well-tried in the experience of all of us, with perhaps a modified interpretation of the reasons for their use.

It is axiomatic that no one not possessed of patience and unlimited time for the case in hand, can practice obstetrics with the highest success. The busy man, with many calls to make, who takes a confinement as an interruption to his busy afternoon is less apt to practice "a masterly inactivity" than he should be. The weak man who cannot resist the importunities of the patient or her friends is less apt to refrain from meddlesome measures designed to hasten a delivery that might otherwise complete itself if given time. The unfortunate man who, for want of training or experience, fails to recognize the normal, is more apt to become panic-stricken and seek to terminate labor by manual dilation of the cervix or by premature rupture of the membranes or other means not called for in the circumstances, were he but certain of his diagnosis. Any one of these men may cause such a breach in the pelvic fascia as to make the occurrence of a hernia through it a certainty.

How can a manual dilatation of the cervix be done without injuring this fascia? It is true that a premature rupture of the membranes may be accidental, but whether an accident or not, it is the means by which the structures about the cervix as well as the cervix itself are traumatized as they are not when normally dilated by the hydrostatic pressure of the amniotic fluid.

When forceps are applied before the first stage is completed,

how can this fascia escape injury? The seriousness of this operation is not generally appreciated as it would be were the torn structures under the eye as is the perineum. The man-in-a-hurry is often rather proud of his care of the perineum. He does not apparently concern himself with what cannot be seen.

The same type of rupture may be caused by inordinate traction upon a fœtus presenting by the breech. It is of course true that once the skin of the child is sufficiently exposed there is reflex stimulation to breathing, and that in consequence rapid delivery must be done in order to prevent asphyxiation, but in the ordinary case the operator may well wait for complete dilatation of the cervix before he brings down the hip and begins delivery. There should be little damage to the fascial support when the fœtal head is drawn through the completely dilated cervix.

Another cause predisposing to prolapse, and for the same reason as that offered in the preceding paragraphs, is the anxiety to be rid of the placenta without loss of time. A man named Credè has much to answer for, if he is responsible for the violence done in his name. The other person or persons unknown who first instructed nurses to crowd the uterus into the pelvis every day as an aid to involution, should be under the malediction of all women who have to undergo childbirth.

In the puerperium there should be little in the way of preventive measures to discuss were the labor as satisfactory as every one would like to see it. All damages to pelvic fascia are not due to ignorance or incompetence or impetuosity. Certain traumas are unavoidable because certain labors are abnormal and require interferences that may, very properly, be violent on occasion. Consequently the puerperium demands certain precautions, all of which are designed to relieve pressure upon lacerated or unduly strained fascial structures.

The interest in the patient is too often perfunctory once the delivery is completed. At least one specialist in a metropolitan city seems to have made his reputation by the rigidity of his rules during the lying-in period, and by his strict supervision of the nursing of his patients. A dorsal position persisted in while the uterus is heavy and the ligaments stretched, may obviously allow a descent upon lacerated or weakened fascia. Patients should not only be encouraged, but instructed to take lateral or prone positions frequently, and for considerable periods at a time.

Despite the teaching of many distinguished obstetricians,



it is generally held that it is unwise to allow a woman to walk before the end of the second week of her puerperium. I recall a study of two series of one hundred cases in an English hospital where the morbidity was declared less in the series where the patient was allowed out of bed at her own desire, no one of these patients remained in bed longer than three days. The others were kept in bed two weeks, as seems to be the usual rule. There were many who supported the idea, and in one clinic in city it was used and reports given. The results were not sufficiently convincing to alter the conservative treatment. The mere walking might not be sufficient cause for trouble, but when the mother is compelled to increase her intra-abdominal pressure by carrying a heavy infant about or by doing heavy housework, the damaged fascia cannot heal and the consequent hernia is inevitable. The pædiatrists will urge that the carrying of the baby is bad for the babe's sake as well as for the mother's. However necessary it may be for the recently delivered woman to walk about or even to carry her baby, it need not be necessary excepting in the rarest of instances to use stairs to any great extent. Could we have control of our patients, we could at least forbid stairs for the first six weeks of the puerperium.

In conclusion, it might be proper to mention that in cases where trauma has been done of necessity or from any other cause, the prevention of a tendency to prolapse may be measurably assisted by the use of knee-breast exercises during the first few months and by the proper application of pessaries after the first month.

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### A NEW INCISION FOR APPENDECTOMY

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LEIGH F. WATSON, M.D., CHICAGO.

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The number of incisions that have been brought forward for appendectomy from time to time show that no one incision is adapted to all cases. Many writers have noted that in the cadaver the base of the appendix is found at McBurney's point, while in the living subject it is below this point, usually on a level with the centre of Poupart's ligament. A number of operators have called attention to the ease with which the appendix can be removed when operating for right inguinal hernia. Since 1910, I have used a new incision, with its centre over the base of the appendix, and believe that in many cases it is an improvement over those in general use.

# Children and Coffee

*The practice of giving coffee and tea to children is a pernicious one that doubtless has much to do, in an etiological way, with many obscure but tangible disturbances in the young, growing nervous system.*

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Advantages: Traction to expose the appendix is avoided, because this incision, in the external oblique and its aponeurosis, the most resistant structures, is directly over the base of the appendix. It can be enlarged without weakening the abdominal wall. The ilio-hypogastric and ilio-inguinal nerves are not injured because the incision lies between them. Because this incision is made over the cæcum, the small intestines do not crowd into the wound as they do when the McBurney and lateral rectus incisions are used.—*Annals of Surgery*, Oct., 1918.

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## Miscellaneous

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### THE EPILEPTIC ATTACK IN DYNAMIC PATHOLOGY

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BY S. E. JELLIFFE.

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Jelliffe approaches the problem of epilepsy from a dynamic point of view, which would look upon many disease manifestations not as entities in themselves but as expressions of faulty energy discharge. The human machine, as a whole, is considered as a transformer of the energy acquired or captured from the universe in which he lives. The modes of transformation are metabolic, sensorimotor and psychic. Therefore many epileptic attacks, not all, may be looked upon as a faulty energy discharge of the entire human being, rather than of an isolated organ or part of an organ. Explanation and therapeutic approach have been long unsuccessfully made upon the metabolic or physico-chemical level or the sensorimotor in some partial manner of attack. A practical basis is now also being sought, the writer states, from the psychical side. This means more than a superficial psychological approach which merely observes and classifies results of certain potent factors. It must enter truly within the psychical life through the dynamic or energy concept. Consideration of the three different forms or levels of energy discharge of the human organism explains the variety of epileptic phenomena and the predominance sometimes of one set of phenomena, sometimes of another. Interference with any one level alone may check or repress the explosive energy force only to cause disturbance in some other part of the organism. Even psychological description of inadequate reaction to difficulties becomes of value only as it enters the whole field of the patient's energy, transformation and discharge. It is necessary to enter into the patient's extreme egocentricity and the limitation and hampering of his energy through this, which have always marked his reactions to the environment. This demands exhaustive analytic work but it enlists the co-operation of the patient and a reasonable and high demand upon the guiding and controlling of his emotions and instinctive life through his intelligence. It necessitates an alertness of attention upon the shiftings and interchang-



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to the application of heat as a therapeutic agent in treating pneumonia and other diseases, are rapidly being converted to the use of Antiphlogistine as an adjunct in treating most conditions where inflammation plays a part.

The fact that Antiphlogistine retains heat for twenty-four hours is worthy of note, but **this truth** is only incidental—the big thing—the vital part of Antiphlogistine is its hygroscopic-osmotic power—the power to take unto itself the products of inflammation. Other important facts are that Antiphlogistine is antiseptic, that it increases leucocytosis and encourages the production of antibodies.

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amongst physicians who are acquainted with its therapeutic action

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ings of energy which exist in the patient. It means research in the unconscious life for infantile wish impulses and immature tendencies which seek to express themselves in a world of reality where they do not work. The epileptic is in this more extensively and exclusively egoistic than the ordinary neurotic and the profundity of unconscious return in the classical convulsion indicates the depth of the ego unconsciousness, which at such times completely controls, at all other times colors all his modes of action and thought. This extreme egocentricity is accomplished by a shallow readiness of approach which marks the external superficiality of effect. This makes it difficult to rouse the patient's interest in the treatment but signifies rather than denies the strong emotional content which is so deeply bound up in the ego to the exclusion of outside interests. This may be bound with an external compulsive form of action, which also indicates this emotional separation of interests, with the intensity of the profoundly hidden ones. The love life shows the same superficial aspect on the one hand and absorption in the infantile on the other. This background is not a successful one for facing reality and so at times the struggle resolves itself through the convulsion into absolute control on the part of the unconscious of all levels of activity, psychic, sensorimotor and metabolic and this works in deterioration to such a permanent control. Various writers have recognized the emotional factor underlying the epileptic attack and have been inclined to separate off an emotional or hysterical epilepsy from a genuine epilepsy. This seems to the writer not well founded and also unnecessary in the light of the energy concept. Practically, the same approach through psychoanalysis must be made in order to understand the psychical side and therefore the complete working of the dynamic process in the production of any or all of these forms of attack. The convulsion sometimes represents a direct flight into sexuality, but sexuality of a distinctive infantile nature.—*N.Y. Medical Journal*.

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#### Beneficial Consequences of Food Shortage in Germany

Among the diseases favorably influenced by underfeeding are appendicitis, eclampsia, diabetes, rheumatism and gout. Laborers suffer under the regimen and neurasthenics abound.—*La Presse Médicale*.



## When Mother's Milk Fails

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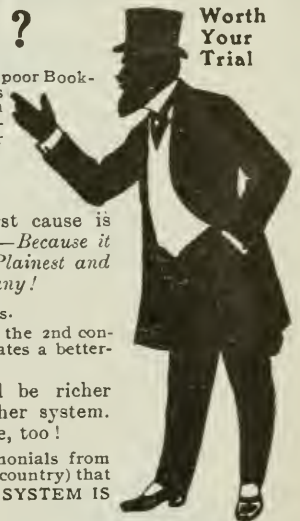
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### "Linseed Serum" for Burns

The following *Linolérum* is recommended by J. Bandaline and J. de Paliakoff (*Union Pharm.*, 1918, 59, 284; Sept.) as a dressing for burns. The serum must be applied fresh the same day as it is prepared, and should be combined with hot air douches.

Infusion of linseed (1.5 per cent.).....	1000 gm.
Chloride of sodium .....	9 gm.
— <i>The Prescriber</i> .	

---

### Artificial Mineral Water

G. Hayem (*Bull. Acad. Méd.*) recommends the following artificial mineral waters in cases of gastro-intestinal atony. He styles them "Solutions Nos. 6 and 7."

#### Solution No. 6.

Sodium chloride .....	2.5 gm.
Magnesium chloride .....	2.5 gm.
Sodium bicarbonate .....	2.0 gm.
Distilled water .....	1.0 litre.

Should the constipation fail to yield to this, he recommends:

#### Solution No. 7.

Sodium chloride .....	2.5 gm.
Magnesium chloride .....	2.5 gm.
Sodium sulphate .....	3.0 or 5.0 gm.
Distilled water .....	1.0 litre.

Doses are not mentioned, but it may be assumed that these are the same as for ordinary mineral waters.—*The Prescriber*.

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### At Last

During the "flu." epidemic in San Francisco, when all public meeting places were closed, and the entire population was compelled to wear masks to prevent the spread of the disease, a drunken man was overheard muttering:

"Well, I am an old man, but I have lived my time and am ready to quit. I have lived to see four great things come to pass—the end of the war, the churches closed, saloons left open and the women muzzled."—*Judge*.





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### Treatment of Haemoptysis

Lunde states that repose and tranquilizing measures proved all that was necessary in thirteen of twenty-four cases of hæmoptysis, but in the others more active measures were required. He found that the hæmorrhage stopped at once after injection of 3 c.c. of 20 per cent. camphorated oil, with no other measures except in two cases the limbs were wound to expel the blood as the repeated bleeding had been so profuse. In these cases some small artery must have ruptured. The camphorated oil injection also arrested the hæmorrhage in a case of severe epistaxis, and this without tamponing. There was a slight renewal of the epistaxis two and five weeks later. Alexander had advocated camphorated oil for hæmoptysis, and Weismayr has confirmed its efficacy, but Lunde discovered it for himself when injecting camphorated oil for another purpose.—*Norsk Magazin*.

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### War Epilepsies, by E. Redlich.

E. Redlich studies the possible parts played in epilepsy by such factors as syphilis, intestinal worms, burying by bursting shell, etc. The writer has met with other cases in which the epilepsy became manifest during service at the front, although he was unable to fix upon any etiological factor. Many of such instances may be related. Redlich maintains, to disturbances of the vasomotors. In his second paper Redlich discusses the emotional factors more fully, stating among other things: These peculiar emotional reactions enter into the class of individual variation and are not of necessity in relation to an hereditary taint or evident antecedents. It is this "reactivity" that is to be invoked in order to explain the frequency of epilepsies born from the influence of the moral or traumatic shock of war.—*Journal of Nervous and Mental Diseases*.

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### The Victory over Rabies

Amid the victories on the European battlefields, we may well pause for a moment to contemplate another type of victory—man's conquest of rabies, the dire disease that once meant a painful end for most of those who were inoculated with its deadly germs. During the year 1916, according to a report recently issued, 1,008 persons from the district of Lyons re-

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ceived the antirabic treatment at the bacteriologic institute in that city. A single death in this list places the mortality at 0.099 per cent. Since 1900, more than 9,000 persons have received antirabic inoculations, with a total of nine deaths, or 0.09 per cent.—*Jour. A.M.A.*

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### Atavism

Nature, when she invented the law of atavism, must have been in a humorous mood. For, look how often comical are the results. Sir R. Armstrong Jones has recorded the case of a woman who, although descended from a negro several generations previously, had come of white parents, grandparents and great-grandparents, and was to all intents a white. She married a white man, and yet the issue of the marriage was a black baby. This law of atavism is operative among animals as well as human beings, and is known in sporting circles as "throwing back," and it cannot be explained in terms of science.—*The Medical Press*.

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### Legally Speaking

If a man were to give another an orange he would simply say: "I give you this orange." But when the transaction is intrusted to a lawyer to put in writing he adopts this form: "I hereby give and bequeath to you, all and singular, my estate and interests, right, title, claim and advantages of and in said orange, together with all its rind, juice, pulp and pips, and all rights and advantages therein, with full power to bite, cut, suck and otherwise eat the same or give the same away with or without the rind, juice, pulp or pips, anything hereinbefore or hereinafter or in any other deed or deeds, instrument or instruments of whatever nature or kind whatsoever to the contrary in any wise notwithstanding."

---

### The Explanation

A British soldier was walking down the Strand one day. He had one leg off and an arm off and both ears missing and his head was covered with bandages, and he was making his way on low gear as best he could, when he was accosted by an intensely sympathetic lady who said:

"Oh, dear, dear! I cannot tell you how sorry I am for

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you. This is really terrible. Can't I do something? Do tell me, did you receive all these wounds in real action?"

A weary expression came over that part of the soldier's face that was visible as he replied:

"No, madam; I was cleaning out the canary bird cage, and the d—d bird bit me."—*Exchange.*

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### The Treatment of Influenza (*Practitioner*, Jan.)

Sir John Moore discusses the treatment of influenza under the three headings—expectant, palliative, and symptomatic. Besides rest, warmth, and quiet, and the popular ammoniated tincture of quinine, he advocates the use of alcohol given with circumspection. He recommends "turpentine punch" (ten drops of turpentine on a lump of sugar added to a wineglassful of ordinary whiskey punch) for cases of septic pneumonia. For the neuralgic pains salicin given in liquid extract of liquorice is useful, also phenazone (3 to 5 grains), tincture of gelsemium (5 minims), and chloroform water (half an ounce). Phenacetin is safer than phenazone for children. For heart failure strychnine, 1-30 grain, should be given, combined with digitalin (1-100 grain), or with morphine if the patient be restless. Hypodermic injections of oily solution of camphor have been used in the present epidemic (camphor, 2 grains; ether, 3 minims; olive or almond oil to ten minims, repeated every four hours). For sleeplessness hyosine hydrobromide (1-100 grain) may be cautiously administered. Methyl-sulphonal (trional) deserves mention.—*The Prescriber.*

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### High Mortality of German Babies

Herr von Braun, Under Secretary of State, has recently given out figures showing the great increase in mortality among infants under a year old for the last three months of 1918. The deaths during this quarter amounted to 6,142, as compared with 4,176 for the same period of 1917. Medical experts attribute the increase entirely to the inability of the mothers to nurse children on their scanty diet, or to keep them alive on the one quart of milk of poor quality to which the milk ration of infants has been reduced. During the first three years of the war the infant mortality of Germany was decreased as compared with peace years. This was attributed to the tendency of mothers to nurse their children during the years of war privation. For the year 1917 the deaths of children from one to five years of age was 49 per cent. higher than in



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the last peace year—1913—and the deaths of children from five to fifteen years of age 55 per cent. higher. It is said that unless immediate and adequate relief in the way of food comes, the rising generation is condemned either to death or weakened maturity.—*Medical Record*.

---

### Influenza and Epilepsy

The epileptic has always shown considerable natural immunity to infections of certain kinds, and his wounds often show a surprising readiness to heal, even when he is under the influence of bromine. It will therefore be of interest to note how he reacts to grippe, and Maillard and Brume, of the Bicêtre, Paris, have reported the interrelations of the two maladies in *La Presse Médicale* for February 10. The pandemic passed over the hospital region in two waves, in June and October respectively. The first fact established was the severity of the course of the grippe in the epileptics, while the second was the verification of the old observation that severe infections diminish the number of seizures. Third, the first wave of grippe immunized the victims against the ravages of the second wave. During the course of the grippe all of the patients remained almost free from epilepsy. Thus, in patients who showed collectively 105 seizures the total was reduced to 14 during the corresponding period. The convulsions returned with their old frequency after defervescence. In regard to type and mortality, of 63 epileptics attacked, 22 presented simple and 41 complicated cases, all but one of which were pulmonary. The deaths numbered 32, or just over 50 per cent. In all but 2 of 32 the cause was either croupous pneumonia, broncho-pneumonia, or pulmonary œdema.—*Medical Record*.

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### Encephalitis Lethargica is not Sleeping Sickness

The popular term "sleeping sickness" which has been applied to encephalitis lethargica is a misnomer. The endemic disease known as sleeping sickness or African lethargy is caused by the *Trypanosoma gambiense* which is introduced by the bite of the tsetse fly. Sufferers from the African sleeping sickness exhibit an apparent state of sleepiness caused by their depleted condition. They are conscious but are too weak to manifest any interest in their surroundings and lie about with half closed eyes giving the impression, to the careless observer, that they

are sleeping. The term sleeping sickness applied here is not scientifically accurate. It was to investigate this disease that Koch made his journey to South Africa, and it was in the course of his study of this disease and of an effort to control it that Ehrlich evolved arsphenamine and neoarsphenamine as the most useful of a large number of arsenical compounds, prepared by him for use in the treatment of the disease by the destruction of the trypanosomes.

Reports have been received of the occurrence of a disease both in this country and abroad which, in its clinical manifestation, remotely resembles the African sleeping sickness. Various titles have been coined or resurrected for this syndrome, the most popular of these being lethargic encephalitis. Acute encephalitis, epidemic encephalitis, ophthalmoplegia, and nona have also been freely used in describing a complication which has come as one of the sequelæ of the influenza pandemic.—*New York Medical Journal.*

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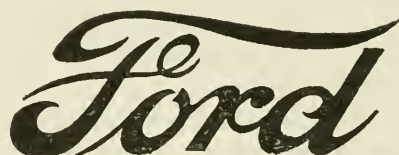
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# The Canadian Practitioner and Review

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No. 5

## Original Communications

### LEUKEMIA TREATED BY RADIUM—THREE CASES

F. ARNOLD CLARKSON, M.B.

Physician Toronto Western Hospital.

The prognosis in leukemia is so hopeless that any therapeutic measure which will check the progress of the disease, even for a short time, will be gladly welcomed to our armamentarium. Since Degrais first treated this malady with radium in 1910, many other observers have confirmed his conclusions that radium will produce a remission in a large percentage of cases, reducing the size of the spleen, and markedly lessening the number of the myelocytes. On this continent, during the last four years, Ordway, Peabody, Burnham and Giffin have all reported cases in which the results have been favorable as far as the temporary relief was concerned.

Through the kindness of Dr. W. H. B. Aikins, I have, since July, 1917, applied radium to three patients suffering from splenomyelogenous leukemia, all of whom are still alive. The following is a summary of the case histories:—

*Case 1.*—Mrs. R., æt. 31, married 4 years, one child, usual weight 180 pounds, now 117. Weakness and loss of weight over a period of a year. Enlarged spleen discovered in March, 1917. White blood cells, 200,000; myelocytes, 40%; reds, 2.5 millions. Benzol and arsenic had been used freely, but had no apparent effect on the course of the disease. On July 17th, radium treatment was begun, the patient receiving 2,200 milligram-hours. The spleen on this date was below the umbilicus, the white corpuscles 153,200, and hæmoglobin 50%. By August 10th the white blood corpuscles were 40 000, with the spleen barely palpable. In September, the white count was 20,000, and the



patient was able to be about the house performing her usual duties, her weight being 190 pounds.

In December, however, the leucocytes increased to 64,000, and by February, 1918, reached 104,000. A second course of radium again produced marked changes in both the spleen and the white blood cells, so that on April 13th the count was 20,000. Through the summer the patient enjoyed moderately good health, but by the end of August the spleen was at the umbilicus, the white blood corpuscles 118,900 and the reds 3.92 million; myelocytes 70%. The good effects of the radium treatment this time, however, were short, and little change was noted in the size of the spleen. Furthermore, the subjective symptoms were little relieved. She received two more radiations, making a total of 6 exposures, with 15,000 mg.-hrs. At present writing (April, 1918) the spleen is still enlarged, but the subjective symptoms are much improved. Total duration of the disease, a little more than two years.

*Case 2.*—Mrs. H., æt. 51, no children. Weakness began about October, 1917. Abdominal distress marked in December. Enlarged spleen discovered on January 30th, 1918. The blood count at this time showed: whites 281,000, myelocytes 20%.

On February 16th, the leucocytes were 650,000, the spleen three inches below the umbilicus, and the patient so weak as to be considered *in extremis*. However, in spite of the hopeless outlook, radium was applied. Within 48 hours the patient had her first natural sleep in many days, and her appetite began to replace the nausea and vomiting which had been such a distressing feature of her illness. By March 24th, the count was 44,000. The patient was now improved so much that she could sit up part of each day. By the middle of May, however, although she had regained much of her strength and weight, the leucocytes had gone up to 160,000. The erythrocytes, however, were 4.4 million. A dose of 2,200 mg.-hrs. produced again a marked remission, so that she was able to perform her household duties throughout the summer. On December 10th, the whites were 23,000 and the spleen was two inches above the umbilicus. Two months later (February 5th, 1919) the leucocytes numbered 250,000, with 35 % myelocytes, and the spleen again reached the umbilicus. Total dose of radium 7,000 mg.-hrs., in three exposures. Duration of the disease about one and one-half years.

*Case 3.*—Mrs. C., æt. 62, illustrates a form of the disease which is more chronic in its course. She had been in failing

health for more than two years, with an enlarging abdomen for a year and a half. The spleen was discovered in March, 1917, two inches above the umbilicus, very hard and tender. On September 4th the count was 67,800, myelocytes 40%. She received 24,000 mg.-hrs. of radium. By October the whites were reduced to 43,000, and her strength was so far restored that she could take short walks outside for the first time in over a year. At the second radiation, in November, the whites numbered 32,000, with 20% of myelocytes, remaining about the same during the winter. In April we found the reds 4.5 million, whites 34,000, with myelocytes 34%. The third application of radium at this time brought the leucocytes down to 7,800, where it has remained up to the present. Unfortunately, however, the radiations had less effect on the spleen, which remains at the umbilicus. The patient enjoys comparative good health. Total quantity of radium 9,400 mg.-hrs., in four exposures. Probable duration of the disease four and one-half years.

All three patients began to sleep better within 48 hours of the first application. Within a week there was a marked gain in weight and appetite, the anæmia lessened and the whole general condition was so much improved as to be noted by friends. In all cases, favorable remissions were initiated after each exposure. In one (Case 2) the change brought about was nothing less than miraculous.

The method of application was that advised and described by Ordway, the only variation being that a flat application was used instead of a tube. This was well screened and placed on the skin over the spleen. Occasionally the application produced superficial burns, but these healed readily, and were therefore disregarded when the urgency of the case was great, as in Case 2.

I desire to express my appreciation to Dr. W. H. B. Aikins for his advice in treating these patients, and for his generosity in allowing me to draw upon his abundant supply of radium so freely.

## Editorials

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### THE GRAVES OF SOLDIERS

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In a former issue we referred to the fact that the Imperial War Graves Commission made certain recommendations regarding the graves of British soldiers—they have made similar recommendations regarding the graves of Canadian soldiers, namely, that they should be marked with headstones of uniform dimensions and that the cemeteries be decorated with flowers and shrubs, etc.

There is still considerable discussion as to whether crosses should be used or not, but it has been pointed out that the war graves will be exposed to rains and frost, and that on that account durability is important. A standing cross of stone or marble is too fragile to last for a long time; it is “top-heavy,” and after exposure is apt to tumble over. It is proposed that a cross might well be carved on the face of the standing slab. (It was announced, May 2, that this proposal had been definitely accepted.)

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### A CANADIAN DEPARTMENT OF HEALTH

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We understand that the Hon. N. W. Rowell has prepared the first draft of the proposed bill which is framed pretty much on the lines reported in our last issue. The Department will be in charge of a Minister of the Crown, with a Deputy Minister of Health, who shall be the deputy head of the Department, and who shall hold office during pleasure. Such other

officers, clerks and employees as are necessary may be appointed in accordance with the provisions of the Civil Service Act, all of whom shall hold office during pleasure.

The duties and powers of the Minister in charge shall include all matters relating to the promotion and preservation of the health and social welfare of the people of Canada.

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#### THE REAL YELLOW PERIL

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It was unfortunate that the pandemic of influenza was called Spanish because, 1st: It gave the impression that it was a new type of the disease. It is of course true that each epidemic of the protean disease presents, or appears to present, new features, or at least phases not previously recognized. 2nd: We have reason to believe that the term is not correct. It happened that in Europe last year the influenza was first noticed in Spain, but we are told by many who ought to know, that the disease developed in China some time before it reached Spain.

We are told by the *Literary Digest* that Asia is the permanent breeding place for the germs of various serious diseases. The presence of the plague, in epidemic form, especially in that part of the Orient, constitutes a menace to the rest of the world, but perhaps especially to the Western Continent. The facilities for travel have brought Asia and the Pacific coast together, therefore the persistence of plague in India and China is a real source of danger to both Europe and America.

MINISTRY OF HEALTH, GREAT BRITAIN

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A bill for the establishment of a Ministry of Health is now being considered in the British Parliament. We are told that the bill came before the "Grand Committee" of the House of Commons March 16th. Among the medical men on this committee are:—Sir Watson Cheyne, Sir Wm. Whitla, Sir R. Woods, Col. Nathan Raw and Major A. C. Farquharson. The usual course is for the Chairman to take the decision of the committee at its first meeting, as to the number of sittings to be held during each week until the work is completed, that is, until the bill is ready to be reported to the House. The intention is that the bill shall be advanced through the committee stage as quickly as possible. It is expected that the bill will have the consideration of the whole House on report, and that amendments of detail can be submitted there by legislators who have not served on the grand committee.



## News Items

### BRITISH PREVENTIVE MEDICINE

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Professor J. G. Adami, of the Canadian Expeditionary Force, in a lecture before the members of the Royal Institution, expressed great admiration for the recent work of the R.A.M.C. and the medical men of Great Britain, and explained that, contrary to the prevalent idea, the most notable advance had been made, not in surgery, but in preventive medicine. Through all times continued disease has been the deadliest enemy of the field army, and its removal must be appreciated as fully as any strategical victory. A British Commission disinfected Serbia, and practically stopped an extremely serious outbreak of typhus. In the present Canadian Overseas Force, in size approximately equal to the whole British Army of the Boer War, there had been, Professor Adami stated, but 412 hospital typhoid cases and 14 deaths, against 57,684 cases and 8,248 deaths from the same disease during the South African campaign: the use of anti-tetanus serum had reduced the mortality rate to about one per hundred.

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The London *Daily Express* announced, March 15th, that Sir Auckland Geddes had been offered the presidency of McGill University, and it was presumed he would accept. Some years ago he was a Professor of Anatomy in McGill. During the war he came into prominence in Great Britain as Minister of National Service. Although medicine was his original profession he became distinguished both as a soldier and a civilian. He served for a time in the South African war with the R.A.M.C. At the outbreak of the war he joined the army as a private and served in France. In a comparatively short time he became a Brigadier-General. He is a brother of Sir Eric Geddes, a Minister without portfolio in the Lloyd George Government. He will succeed Sir Wm. Peterson, who recently had a stroke, followed by paralysis, on account of which he expressed the desire to retire from active work in McGill.

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### HEAVY INFLUENZA TOLL IN ENGLAND

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It is recorded in the Registrar-General's returns that the total number of deaths from influenza in England and Wales during the last quarter of 1918 was 98,998.

### INFANT MORTALITY

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A circular letter from Dr. Hastings contains the following:—

In our efforts to reduce infant mortality in Toronto we have been endeavoring to impress on the mothers the importance of their nursing their infants as the most important factor in reducing the aforesaid mortality, and consequently the extreme importance of breast feeding.

Complications have arisen in connection with mothers with young babies being sent to the hospitals for operations. The hospitals not having accommodation for the young infants, it has been found necessary in some cases to wean the baby, with disastrous results.

I would appreciate the co-operation of the profession, and would suggest that operations on mothers with young infants be postponed, if possible, until after the nursing period.

However, should an emergency arise, arrangements should be made that the infant be taken into the hospital with the mother, or this failing, that the mother's milk be pumped regularly from her breast and given to the infant.

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### INFLUENZA'S FAVORITE VICTIMS

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That epidemics, especially the influenza epidemic, are greater destroyers of life than war receives confirmation from South Africa. Sir Thomas Watt, Acting Prime Minister, stated in the House of Assembly that during the war the total losses on service were 8,089 Europeans, and 1,105 "colored" and natives. But in two months alone the influenza epidemic carried off 11,736 Europeans, and 127,700 "colored" and natives. So far as Europeans were concerned, the scourge attacked not the old and the weak, but rather the middle-aged and the strong, which is a peculiarity of the epidemic noticeable in other countries it has visited.

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Under an Order-in-Council passed on 28th March, the following diseases are made notifiable in Ontario, viz.:—Influenza, acute influenzal pneumonia, acute primary pneumonia, trench fever, typhus fever, relapsing fever and dysentery (both bacillary and amœbic).

### THE SALE OF COCAINE AND MORPHINE

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The recent disclosures in a Coroner's Court demonstrate, in the clearest way, that in spite of all precautions it is possible to buy cocaine and morphine in London for illicit purposes. We say "all" precautions, for, short of the absolute prohibition of the importation of cocaine into this country, or its manufacture here, it is impossible to make the present restrictions more secure. No Act of Parliament will kill all the black sheep, and even if it were made a criminal offence for any one to be in the possession of cocaine, no Act of Parliament could make its possession impossible.—*The Hospital (Eng.)*

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### JOHNS HOPKINS RECEIVES A GIFT

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Secretary of War Baker and Dr. George E. Vincent, President of the Rockefeller Foundation, were guests at the commemoration day exercises of Johns Hopkins University when Dr. William H. Welch announced that \$400,000 had been unanimously given for the erection of a building at the Johns Hopkins Hospital to serve as a woman's clinic.

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### TORONTO IN THE WAR

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We learn from Might's directory something about Toronto's part in the war. Sixty-five thousand of her citizens went to the battle line, five thousand were killed and twenty-five thousand were placed on the casualty list because of wounds or illness.

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### NEW ANAESTHETIC

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Dr. Royal S. Copeland and experts from the Department of Health are making elaborate tests of a new local anæsthetic, the discovery of Dr. David I. Macht, head of the pharmacological department of Johns Hopkins University. The new anæsthetic, said to be forty times less toxic than cocaine, is a by-product of alcohol, known as benzyl alcohol, or phenmethyl-O.

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Dr. J. M. Johnston, of Elm Street, Toronto, who was found guilty of performing an illegal operation one year ago, was granted a re-trial in Toronto, after which the jury returned a verdict of "not guilty."

ONTARIO MEDICAL ASSOCIATION

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Mr. Walter Segworth, Director of Vocational Training in the Department of Soldiers' Civil Re-establishment, has resigned, and will represent Canada at the Inter-Allied Conference on Disabled Soldiers to be held at Rome. Mr. M. H. Parkinson, formerly assistant, has been appointed director in the place of Mr. Segworth.

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According to a recent Act introduced by the Hon. W. D. Macpherson, the name hospital will be applied to all the provincial institutions, whether for the insane, the feeble-minded, the deaf and dumb, the blind, and others.

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Sir William Crooks, the distinguished chemist of Great Britain, who discovered in 1865 thallium, the new element, died at his home in London, April 5th, aged 87.

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Dr. F. S. Minns, Toronto, announces that he is now devoting special attention to diseases of the upper and lower respiratory tract. Office at 14 Bloor Street east.

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Dr. (Major) Chas. F. Knight, R.A.M.C., formerly of Toronto, and then a practitioner in Moose Jaw, Sask., has been awarded the D.S.O.

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Prof. J. C. McLennan, of the University of Toronto, has been appointed Scientific Advisor to the British Admiralty, and is now engaged in very important work.

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Dr. (Capt.) A. J. McGanity when last heard from was O.C. of the Casualty Company at Resborough Barracks, Shorncliffe.

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Dr. (Lt.-Col.) D. P. Kappeler, of Hamilton, has lately been awarded the bar to the D.S.O.

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Dr. (Major) John F. Burgess, of Owen Sound, has been gazetted an Officer of the British Empire.

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Dr. Anna J. Henry, who has been engaged for many years in medical missionary work in China, is now spending a holiday in Canada.

Dr. (Capt.) C. T. Lewis has won the M.C.

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Dr. (Lt.-Col.) Jabez H. Elliott, of Toronto, left his home in March for a holiday, part of which he expected to spend in Mexico.

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Sir Arthur Newholme, formerly Medical Officer of Health, Brighton, England, has been offered the chair of public health in Johns Hopkins University, Baltimore.

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Dr. (Major) Wm. Ewing, C.A.M.C., and Dr. (Capt.) Roy Jenkins, C.A.M.C., received the decoration of the Military Cross at the hands of His Majesty, at Buckingham Palace, April 8th.

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During the first week in April it was announced that there were then about 27,000 Canadian soldiers in hospitals, 16,000 in the United Kingdom, 3,000 in France, and 8,000 in Canada.

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We learn with deep regret, April 6th, that Lord Beaverbrook's wound has broken out afresh, and it was stated in the despatch that his convalescence is therefore greatly impaired.

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Dr. Alfred Massey, formerly of Belleville, Ont., has won distinction in the Belgian Congo, and has been awarded the rank of Major, and decorated with the Croix de Chevalier de Corde Royal de Lion.

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The First Canadian Field Ambulance, which left Kingston with the First Contingent in 1914, under Dr. (Brig.-General) A. E. Ross, M.P.P., was arranging the first week in April to return to Canada. Dr. (Major) Ralph Wilson is now in command of the unit.



## C.A.M.C. News

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MONTH OF FEBRUARY, 1919.

### APPOINTMENTS (CANADA).

Major Thomas Lowell Butters is detailed to perform the duties, temporarily, of D.A.D.M.S., M.D. No. 2.

Major (A./Lt.-Col.) William George Turner is posted for duty as Officer i/c Orthopaedic Surgery in Ste. Anne de Bellevue Military Hospital.

Capt. Andrew Pritchard McKinnon is posted for duty under the A.D.M.S., No. 10.

Lieut.-Colonel Cooper Cole is posted for duty Convalescent Hospital, No. 2.

Lieut.-Colonel Ethelbert Browne Hardy, D.S.O., is posted for duty St. Andrew's Military Hospital, vice Major T. D. Archibald.

Major Benjamin Leslie Guyatt is posted for duty O.C. Base Hospital, Toronto, vice Lieut.-Colonel E. B. Hardy.

Major John George Brown to be Lieut.-Colonel Ste. Anne de Bellevue Military Hospital.

Capt. Roswell Park is posted for duty under the A.D.M.S., No. 4.

Capt. (A./Major) Hamish Henry McIntosh is posted for duty X-ray work at the Esquimalt Military Hospital.

Capt. Herbert Leo Sims (A.M.C.) is posted for duty at the Water Street Hospital, Ottawa.

Capt. Roy Hindley Thomas, M.C., is posted for duty under the A.D.M.S., No. 2.

Major George Greer is posted for duty in the office of the Director-General of Medical Services, Ottawa.

Lieut.-Colonel John Morris Nettleton is posted for duty as acting A.D.M.S., No. 12.

### PROMOTIONS.

Capt. Robert Hugh Arthur, to be Major.

Lieut. Jacob Rosenbaum, to be Captain.

To be acting Lieut.-Colonels:—Majors Charles McMane, John William McIntosh, Charles Woollard, Angus William McPherson, Harold E. Ridewood.

To be acting Majors:—Captains Michael James Carney, Almon Andrew Fletcher, Samuel Ross deL. Hewitt, George Alexander Campbell, John Henry Birch, Edward Kirkpatrick McLellan, John Johnston, Alfred Chatwin Scott, Daniel Rolston Dunlop, George H. Manchester, George Chester Lawson, Seymour Traynor, Thomas Albert Watterson, Thomas John Simpson, Gerald Shaw Williams, George Arlington Brown, Charles E. McMehan, Ernest Fielen Nivin, John V. Williams, M.C., William Baillie, Harry Morell, Gordon Wilson Armstrong, D.S.O., Horatio Fitzroy Chisholm.

To be Captains:—Lieutenants Evelyn Edwin Robbins, William John Cochrane, Floyd Cecil Stewart.

#### RETURNED FROM OVERSEAS.

Capt. Thomas Alphonsus Lebetter, Capt. T. W. Walker, Capt. P. H. McNulty, Capt. Edwin James Ferg, Capt. A. H. Wallace, Capt. L. A. Roy, Hon. Lt.-Col. D. Law, Capt. John Neil MacLean, Capt. N. MacDonald, Capt. Andrew Pritchard McKinnon, Capt. Thomas C. Campbell, Capt. Edward Hiram Freeman, Major Herbert Alger, Capt. George Frederick Laing, Lt.-Col. David Alexander Whitton, Major Herbert William Wadge, Capt. Emmet Andrew McCusker, Lt.-Col. W. J. C. Maloch, Major Robert Frederick Flegg, Major Frederick George Logie, Major H. L. Jackes, Capt. D. S. Johnstone, Capt. W. Goldie, Capt. Esau A. Greenspon, Major George G. Greer, Capt. C. F. Dunfield, Major S. M. Fisher, Capt. E. C. Whitehouse, Major Thomas Logan Towers, Colonel H. R. Casgrain, Major C. A. McDiarmid.

#### MONTH OF DECEMBER, 1918.

##### APPOINTMENTS.

Capt. Robert Johnston, Adjutant, Spadina Military Hospital.

Capt. William McKechnie, Vancouver Military Hospital.

Capt. Harold Courtenay, Royal Canadian Naval Air Service.

Lieut. Ross Taylor is under the A.D.M.S., No. 5.

The following have been appointed to the Clearing Services command:—

At Headquarters:—Lieut.-Colonel Robert Ker, to be A.D. M.S. Embarkation; Major Harold Jeffs, to be D.A.D.M.S. Embarkation.

Capt. Robert Henry Sheard is posted for duty under the A.D.M.S., M.D. No. 2.

The following officers have been appointed to serve in the Canadian Expeditionary Force, Siberia:—

Capt. Frank Millwood Bryant, Capt. D. H. Boddington, Capt. Charles Harvey Hair, Colonel J. T. Clark, Major T. Morrison, and Capt. H. W. Lewis.

The following have been appointed to No. 11 Stationary Hospital, C.E.F., Siberia:—

Colonel J. L. Potter, Major F. A. Cleland, Captains F. J. Scully, F. J. Colling, J. H. Box, M.C., G. L. Sparks, W. T. Kennedy, A. M. Savoie, G. H. Lansdown, H. Morin, J. Race, Lieutenants J. M. Munro, H. C. Connell, H. H. Pitts.

#### RETURNED FROM OVERSEAS IN MARCH.

Captains A. E. Naylor, D. A. Campbell, E. H. Marcellus, M. U. Valiquet, W. L. C. McBeth, H. S. Gooderham, C. K. Wallace, F. B. Day, R. P. Borden, D. A. Warren, C. L. Douglas, A. R. Alguire, L. P. Churchill, N. Monk, W. Hale, J. A. Reid, H. A. W. Brown, W. D. Cruikshank, C. E. Hanna, R. F. Greer, H. V. Malons, R. M. Harnie, G. E. McCartney, G. D. Joffs, W. C. Givens, C. O. Bunting, Majors J. C. Fyshe, J. A. Diekson, R. Hogg, C. H. Robson, E. H. Mayhood, J. W. Pileher, R. J. McEwen, F. W. Tidmarsh, J. F. Irving, W. H. Macdonald, A. Beech, J. A. Briggs, C. Hunter, G. W. Hall, W. G. Lyall, Lieut.-Colonels J. S. Jenkins, T. H. Leask, Colonels H. A. Bruce, W. H. Delaney, J. S. Jenkins.

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The *American Journal of Care for Cripples*, which is the only special periodical in English on provision for the disabled, becomes a monthly with its January issue. Although dealing extensively with the rehabilitation of the invalided soldier, the journal is in no sense a war product, as it is now entering upon its eighth volume.

This periodical will contain the studies and abstracts produced by the research department of the Red Cross Institute for Crippled and Disabled Men.

## POLICY OF THE NAVY LEAGUE OF CANADA

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BY ÆMILIUS JARVIS, President, Ontario Division, Navy League of Canada.

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The work that the Navy League of Canada has set itself to perform, and the policy that it has advocated are the policy and practice of great British leaders for over a century, namely:—

### PRINCIPLES.

*That* sea power dominates world action in days of peace as well as in war times.

*That* sea power in the hands of a great peace-loving, commercial, financial and trading Empire, such as the British Empire, means peace, so far as one Empire or group of British Nations can compel it, and that in the case of an aggressive war forced upon the world by some other Power, it is the surest element of victory.

*That* to each of the growing partner nations of the British Empire, sea power spells safe water routes between one part and the other part of the Empire, with protection to its water-borne commerce, in peace as well as in war, a security greater than any small peoples can hope for outside of such an Empire, and greater indeed than any of the chief nations of the world possess at the present time.

### POLICY.

*That* the Navy League should *help*, so far as Canada can *help*, in *strengthening* the bases of this protection by promoting popular appreciation in this Dominion of Naval history, traditions, functions and duties.

*That it should influence national action and policy* along maritime lines by a wider knowledge of what the Royal Navy and a Merchant Marine mean to each and all of us at home, when travelling abroad, or when shipping or receiving merchandise from overseas.

*That it should give sympathetic support to the men who man these fleets* and who have borne the long-sustained burden and stress of the great war which has recently ended.

(It must be borne in mind that the merchant seaman was the class of the community against which German sea power aimed

its greatest efforts of terrorism and destruction. It did not dare in more than a spasmodic way to challenge the Royal Navy.)

*That it should help at the proper time any naval policy that our Government may evolve which is based upon naval strategy as applied to the Empire, and should support Imperial trade and the real freedom of the seas, while exercising through the franchise of its members an influence on Members of Parliament so that never again shall this vastly important subject be made a political football.*

With such objects in view, the Navy League of Canada was organized at Montreal in June, 1917, in co-operation, in harmony, and in affiliation with the educational work of the Navy League of Great Britain. Their Excellencies, the Duke and Duchess of Devonshire, became patrons, also the Lieutenant-Governors of all Provinces.

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## THE RED CROSS

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Executives of the Red Cross organizations of France, Great Britain, Italy, Japan and the United States are in conference at Cannes, France, preparing a programme for universal health improvement to be submitted to a congress of Red Cross delegates to be held at Geneva, under the auspices of the International Committee of the Red Cross.

The International Committee of the Red Cross of Geneva was organized in 1863, being the realization of the merciful conception of Henry Dunant, the Swiss philanthropist. The committee did splendid work during the recent war, the most trying four years of its history.

The American Red Cross organization now has a membership of 17,000,000 adult and 9,000,000 junior members, this total being divided among 3,864 chapters and thousands of branches and auxiliaries.

The Red Cross Society of Japan was organized in 1886, and now, with a membership of more than a million and a half and a splendid equipment, ranks as one of the foremost relief organizations.

The Italian Red Cross was never stronger than it is to-day after the great struggle in which it played such a heroic part. At the end of 1918 the organization had more than 300,000 members.



France's Red Cross is made up of three distinct societies with a combined membership of about 250,000. It dates back to 1865. During the war it provided more than 50,000 nurses of all classifications and more than 1,400 auxiliary hospitals, with a total of 117,000 beds. At the end of last July it had assets valued at more than \$21,000,000.

With headquarters in London and flourishing branches in Canada, Australia, India and South Africa, Great Britain's Red Cross met every test of the four-year conflict. The organization has as its most valuable auxiliary the English society known as "The Order of St. John of Jerusalem," whose origin dates back to the days of the Crusaders.

Russia, up to the time of the Empire's overthrow, had a capable Red Cross society. The Red Cross organizations of the Central Powers and their Allies, Turkey and Bulgaria, are expected to join the movement.

As is pretty generally known, the German Red Cross and the Austria-Hungary Red Cross were organized along the same lines as the military machines of those countries, being in fact part of those machines. Because of their domination by the military authorities they were regarded by the outside world as being out of harmony with the merciful spirit of the Red Cross. The relief organization in Turkey was known as "The Turkish Society of the Red Crescent," that in Bulgaria as the Bulgarian Red Cross. More than likely what is left of the organizations in these countries will be represented at Geneva.

Belgium has a fine Red Cross organization. So has Switzerland, the birthplace of the man who conceived the idea back of the Red Cross. The organization has about 50,000 members.

Holland, Denmark, Norway and Sweden to the north, and Spain and Portugal in the south of Europe, are all members of the Red Cross family. All the Balkan States have relief societies. China has had one since 1904. Mexico, Central America, South America have their quota of organizations.

## Personals

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Dr. W. J. McCollum has recovered from his recent illness, and is now at his home in Toronto.

Dr. (Colonel) Harold Parsons returned to Toronto from Victoria and Vancouver, March 25th.

Sir Thomas G. Roddick has returned to Montreal after spending the winter in Florida.

Capt. Clarence Young, R.A.M.C., formerly C.A.M.C., has received the D.S.O.

Capt. G. M. Cameron, R.A.M.C., formerly C.A.M.C., has been awarded the bar to the M.C.

Capt. W. H. Ferguson, R.A.M.C., of Toronto, has been awarded the bar to the M.C.

Major J. A. Devine, R.A.M.C., of Winnipeg, has been awarded the D.S.O., and was also mentioned in "despatches."

Dr. and Mrs. Alex. McKelvey returned to Toronto from California April 10th.

Dr. (Col.) Walter McKeown was ill with pneumonia in England during March. It was reported that he had quite recovered by April 4th, but that his wife and son were both ill.

Dr. Geo. W. Ross, of Toronto, was reported considerably "run down" in March, and went away for a rather extended holiday.

Dr. C. K. Clarke, of Toronto, was the guest of the Kingston Canadian Club, April 8th, and delivered an address on the methods for guarding the health.

Dr. J. Algernon Temple had an attack of phlebitis in March, from which he suffered considerable pain, and was confined to his house for some weeks, part of the time in bed. He was able to go out early in April.

Dr. (Major) J. G. Fitzgerald, of Toronto University, returned from overseas early in March. After spending a holi-

day with his family in North Carolina, he returned to his home in Toronto the latter part of March.

Dr. Gideon Silverthorn, of Toronto, had a severe attack of pneumonia in March. For a few days his condition was considered critical, but he commenced to show signs of improvement April 3rd. His chances appeared good April 5th, and he was considered to be out of danger April 10th, and he was reported to be recovering rapidly April 14th.

Dr. (Major) H. H. Burnham, only surviving son of Dr. G. Herbert Burnham, went Overseas with the First Canadian Contingent and served for a time as M.O. in the 2nd Brigade Field Artillery. He was "mentioned in despatches," and was also awarded the Italian Military Medal for valor, and latterly was second in command of the Canadian Eye and Ear Hospital, Folkestone. He returned to Canada on the Cedric in the latter part of March.

## Obituary

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COL. W. J. O. MALLOCH, F.R.C.S.

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### AN APPRECIATION.

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"College Friend," in a communication of recent date, truly says that the people of Toronto do not realize what a loss Dr. Malloch's death is to the community, adding that Dr. Malloch had a great reputation as a surgeon, and would one day have reached the top of the ladder.

Our correspondent enjoyed the advantage of an intimate friendship with Dr. Malloch in college days, and before "Old John Malloch" entered the medical course. At a sleigh-drive or smoker, or in K Company at the sham battle and march past on Thanksgiving Day, John was good company. He graduated B.A. in 1891.

"After that in 1892, as far as I can remember, my old friend had a very severe attack of typhoid fever. Before that happened he was tall and rather spare, but muscular. He had a very severe attack, but recovered completely and became quite heavy. He went into medicine in 1893, and graduated M.B. in 1896.

"In 1894 the University of Toronto football team won the championship of Canada from a Montreal team. I consider this team was the best the University of Toronto ever had, and although the Montreal team was slightly ahead in the championship match at the end of the first half time, with the change, and position of wind, we had very little difficulty with the advice and assistance of our splendid coach, Joe McDougall, of Ottawa (a well-known football expert) in beating them, winning by a large number of points. That was about the first time the team was properly organized, and it was largely due to Malloch's efforts. He said we were not going to have any more of this work of good players coming out and playing their heads off one day and not turning out again for a week or so. He was really the "king pin" of the team, and was one of the side scrimmagers. At that time Loekie Burwash was centre, with another medical student on the other side. In the fall of the next year we played Ottawa College for the championship of

Canada again. The reason Ottawa College did not figure the year before was that during their training one of their players was severely injured, and they stopped training for that season.

"These were the pristine days of Captain Joe Gleason, and playing policemen. Their great coach was the Rev. Father Fallon, now Bishop of London, who, it was said, used to play the game himself, and, as is well known, he is a great big fellow, over six feet in height.

"John Malloch was on the House Staff of the 'T.G.H.', and afterwards went into private practice in Toronto. Later he went to the Old Country and took a year's special training, which most good surgeons like to do. He became a F.R.C.S., returned to Canada and resumed practice.

"When the call came he joined up and went to the front, did his duty for the Empire, and came home to die."

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#### GUY H. WALLACE, M.D.

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Dr. G. H. Wallace, formerly of Glen Road, Toronto, died in New York in December. After graduating M.B. from Toronto in 1909 he went to New York, and was for some time in the pathological department of Bellevue. When the war broke out he volunteered for service, and was for over a year on the staff of Moore Barracks Hospital, Shorncliffe. Owing to failing health he returned to Toronto on leave, and underwent an operation at the General Hospital from which he never fully recovered. He desired to return to service with the C.A.M.C., but was rejected because of the condition of his health. He then went back to New York and resumed practice at 515 Madison Ave.

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#### R. F. DAVIDSON, M.D.

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Dr. (Capt.) R. F. Davidson, C.A.M.C., died at Muskoka Cottage Hospital, Dec. 12th, aged 26. After receiving his preliminary education at Jarvis St. Collegiate Institute, Toronto, he went to Kingston and graduated M.D. from Queen's University, 1916. In March, 1918, he had an attack of pneumonia from which he never fully recovered.



**HENRY MONTGOMERY, M.A., B.Sc., Ph.D.**

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Professor Henry Montgomery, formerly a member of the staff of the University of Toronto, and later a professor in the University of North Dakota, and then for a time a professor in the University of Utah, died at his home, Painsville, Ohio, February 21st.

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**WILLIAM B. KENNEDY, M.D.**

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Dr. W. B. Kennedy, of Guelph, died March 17th. He graduated M.D. from Queen's University in 1898.

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**GEORGE STANTON, M.D.**

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Dr. G. Stanton, who graduated from McGill in 1868, practised in Fergus for more than 40 years. He went to Denver in 1915, and died there March 17th after a short illness.

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**A. WALLACE MASON, M.D.**

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Dr. A. W. Mason, of Spadina Avenue, Toronto, died suddenly at Romona, Cal., March 18th.

## Book Reviews

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A TEXT-BOOK OF GENERAL BACTERIOLOGY. By EDWIN O. JORDAN, Ph.D., Professor of Bacteriology in the University of Chicago and in the Rush Medical College. Sixth edition thoroughly revised. Octavo of 691 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$3.75 net.

Bacteriology, along with the other sciences, advances with amazing rapidity. It is encouraging to find that Dr. Jordan has considered it necessary to revise his excellent text-book in order to bring it up to date.

The book furnishes the medical student with a most complete presentation of this subject, so that he should find in it a satisfactory supplement to a laboratory course.

The aim of the book is not directed towards the medical student alone, but for the general scientific reader, the chapters on "Immunity", "Milk and Milk Products", "Bacteria in the Arts and Industries", are very clear expositions of these universally interesting subjects.

The book is written in a clear and easy style, which enhances rather than detracts from its scientific value.

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A QUARTERLY DIGEST OF ADVANCES, DISCOVERIES AND IMPROVEMENTS IN THE MEDICAL AND SURGICAL SCIENCES. Edited by HOBART AMORY HARE, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia, assisted by LEIGHTON F. APPLEMAN, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. Vol. I., March, 1919. Lea & Febiger, Philadelphia and New York.

No other medical digest compares with this quarterly in the way the ground is covered. One article, at least, every year will deal with any phase of medical literature in which physicians are likely to be interested. This volume treats of the year's progress in the surgery of the head, neck and breast and thorax; of infectious diseases and diseases of children, and of rhinology, laryngology and otology.

A TEXT-BOOK OF PHYSIOLOGY: FOR MEDICAL STUDENTS AND PHYSICIANS. By WILLIAM H. HOWELL, Ph.D., M.D., Professor of Physiology, Johns Hopkins University, Baltimore. Seventh Edition Thoroughly Revised. Octavo of 1,059 pages. 307 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$5.00 net.

The only need for a new edition of this excellent textbook is the natural expansion of physiological research during the last three years. Always noted for its clearness of style and the fairness of its discussions, this volume is as near perfection as possible, both from the standpoint of the teacher and the student. The paper and letterpress are in the publishers' best style.

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### THE CANADIAN MEDICAL ASSOCIATION

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Preparations for the annual meeting of the Association in Quebec, June 25th, 26th and 27th, are nearly completed.

Dr. J. Halpenny, of Winnipeg, will give the address in Surgery.

The addresses in Medicine and Public Health will be given by leading members of the profession.

A goodly number of papers have been secured for the different sections. Those who will contribute include, for the medical section, Dr. Christian, of Boston; Drs. H. B. Anderson, Malcolm McCullough, and Fletcher McPhedran, of Toronto; Dr. James Third, of Kingston; Drs. Finley, Hamilton, Gordon, G. G. Campbell, Meakins, and Cushing, of Montreal. For the surgical section: Dr. E. L. Garner, Fernie, B.C.; and Drs. Armstrong, Garrow, Eberts, Powell, Turner, and Gurd, of Montreal. We cannot yet announce the names of the contributors to the section of obstetrics and gynaecology, but Dr. W. W. Chipman, of Montreal, is looking after that section. Dr. Page, of Quebec, is chairman of the section of public health, and is getting together an interesting programme.

The members are asked to forward to the General Secretary, 836 University Street, Montreal, the title of any paper they wish to contribute.

## Reports of Societies

### PRELIMINARY PROGRAMME OF THE ONTARIO MEDICAL ASSOCIATION

The thirty-ninth annual meeting of the Ontario Medical Association will be held at Toronto, May 27th, 28th, 29th and 30th, 1919, in the Mining Building, University of Toronto.

#### PROGRAMME OUTLINE

##### *Tuesday, May 27th.*

- 2.00 p.m.—Meeting of the Committee on General Purposes at the King Edward Hotel.
- 6.30 p.m.—Round Table Dinner, King Edward Hotel.
- 9.00 p.m.—Completion of meeting of Committee on General Purposes, King Edward Hotel.

##### *Wednesday, May 28th.*

- 9.00 a.m.—Registration.
- 10.00 a.m.—Business Meeting of the Association.
- 12.30 p.m.—Luncheon.
- 2.00 p.m.—Symposium on Influenza to be discussed under the following divisions:—History and Epidemiology, Dr. F. A. Clarkson; Statistical Studies, Dr. F. S. Minns; Nose, Throat and Ear Manifestations, Dr. J. P. Morton; Neurological Manifestations, Dr. Goldwin Howland; Obstetrical, Gynaecological and Surgical Manifestations, Dr. A. Moir; Cardio-Vascular Manifestations, Dr. Wm. Goldie; Respiratory Manifestations, Dr. H. B. Anderson; Pathology, Dr. W. T. Connell; Bacteriology and Immunology, Dr. A. Caulfield.
- 4.00 p.m.—Entertainment—Garden Party, to which the ladies are invited.
- 8.00 p.m.—President's Address—Dr. G. Stewart Cameron, Peterborough, Ont. Address on Medicine, "Shakespeare as an Aid in the Art and Practice of Medicine," Sir St. Clair Thompson, M.D., F.R.C.P., F.R.C.S., London, England.

*Thursday, May 29th.*

9.00 a.m.—Sectional Meetings—Medicine, Surgery, Obstetrics and Gynaecology; Eye, Ear, Nose and Throat.

12.30 p.m.—Luncheon.

2.00 p.m.—Address on Obstetrics—"The Nutrition of the Fœtus," J. Morris Slemmons, Professor of Obstetrics and Gynaecology, Yale University.

3.00 p.m.—Medical Problems in Relation to Rehabilitation:—Diseases of the Respiratory System, Dr. J. H. Elliott; Cardio-Vascular Diseases, Dr. C. S. McViear; Functional Neurosis, Dr. Geo. Boyer; Mental Conditions, Dr. C. K. Clarke.

4.30 p.m.—Business Meeting of the Association.

8.00 p.m.—War Surgery:—General Introduction, Col. A. Primrose, C.B.; X-Ray Advances During the War, Col. R. E. Wilson; Surgery of the Thorax, Major A. L. Loekwood, D.S.O., M.C., and Col. P. K. Menzies; Surgery of the Knee, Col. J. A. Kidd; Surgery of the Humerus, Major Geo. Ewart Wilson; Cranioplasty, Col. C. H. Gilmour; Nerve Restoration, Major D. E. Robertson; Prosthetic Surgery, Lieut.-Col. Guy Hulme.

*Friday, May 30th*

9.00 a.m.—Sectional Meetings:—Medicine, Surgery, Obstetrics and Gynaecology.

2.00 p.m.—By invitation the afternoon session will be held at the Dominion Orthopædic Hospital, Christie Street, Toronto, where the work in the various departments will be demonstrated.

## MEDICAL SECTION

Dr. John F. Sheahan, Chairman, Dr. F. C. Harrison, Secretary.

*Thursday*

Sectional Meetings:—Congenital Pyloric Obstructive Conditions, Dr. Allan Canfield; Radiographic Studies of the Upper Abdomen, Dr. H. M. Tovell; From Notes on Febrile Conditions Met with in Macedonia During the War, Dr. H. C. Parsons; Auricular Flutter and Its Treatment, Col. John Meakins, Montreal.



*Friday*

Sectional Meetings:—Symposium on Nephritis: Anatomy of the Renal Tubule, Prof. J. Playfair McMurich; The Modern Theories of the Kidney Function, Prof. J. J. McLeod; Tests of Functional Capacity, Prof. Andrew Hunter; Therapy of Nephritis, Dr. Herman O. Mosenthal, New York.

## SURGICAL SECTION

Dr. Edmund E. King, Chairman. Dr. T. A. Robinson, Secretary.

*Thursday and Friday*

Sectional Meetings:—Surgery of Hour-Glass Contractions of the Stomach, Dr. W. H. Harris; X-Ray Diagnosis of Gastric and Duodenal Ulcers, Dr. G. E. Richards; Tumors of the Bladder, Dr. W. A. Cerswell. Papers not yet announced by Dr. Ingersoll Olmstead, Dr. J. A. MacGregor, Dr. E. R. Secord, Dr. Malcolm Cameron.

## OBSTETRICAL AND GYNAECOLOGICAL SECTION

Dr. B. P. Watson, Chairman. Dr. J. Gordon Gallie, Secretary.

*Thursday and Friday*

Sectional Meetings:—Indications and Contra-Indications for the Use of Obstetrical Forceps, Dr. A. H. Frawley; The Treatment of Puerperal Septicæmia, Dr. G. C. Copeland; On Backward Displacements of the Uterus, Dr. A. C. Hendrick; The Role of the Prenatal Clinic, Dr. J. Gordon Gallie; Treatment of Gonorrhœa in the Female, Dr. W. W. Lailey.

Additional papers not yet announced will be presented.

## EYE, EAR, NOSE AND THROAT SECTION.

Dr. F. C. Trebilcock, Chairman. Dr. J. C. Calhoun, Secretary.

The Eye, Ear, Nose and Throat Section is especially fortunate in the prospect of visits from Sir St. Clair Thompson, of London, England, and Dr. Alfred Braun, of New York. We have not the titles of the subjects which the former will introduce at our section meeting, but we know that the latter will speak on "The Value of the Examination of the Internal Ear." In addition we shall have contributions from members nearer home.

The section proposes to hold only one session on Thursday

morning. It ought to be full of interest and afford an opportunity to meet again those members who have returned from work overseas.

Every indication points to a very interesting programme for this, our Thirty-ninth (Victory) Annual Meeting. The Programme Committee has been singularly fortunate in obtaining the co-operation of many distinguished visitors, as well as members of our own Association, to take part in the meetings.

It is hoped that every member of the Association will make a special effort to be present.

Classes proposing to hold re-union dinners are reminded that organization preparations should be commenced at once. With the war now over and many medical officers having returned from overseas, class re-unions should be popular.

The Committee on Arrangements will be pleased to render any possible assistance.

DR. F. W. MARLOW,  
417 Bloor Street West, Toronto,  
*Chairman, Committee on Arrangements.*

DR. T. C. ROUTLEY,	DR. G. STEWART CAMERON,
66 Bond Street, Toronto,	Peterborough, Ont.
<i>Hon. Secretary.</i>	<i>President.</i>

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## PROGRAMMES OF PUBLIC HEALTH ASSOCIATIONS

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The preliminary programmes of the Joint Congress of the 8th Annual Congress, Canadian Public Health Association, and 8th Annual Meeting, Ontario Health Officers' Association, will be held in Toronto, May 26th, 27th, and 28th, 1919, in the Physics Building, University of Toronto.

### PRELIMINARY PROGRAMME OF THE GENERAL SESSIONS

Registration—9 a.m.—10.30 a.m.

#### *First Session*

Monday, May 26th. 10.30 a.m. Auditorium, Physics Building.  
Opening Remarks—Lt.-Col. J. W. S. McCullough, Chief Officer  
of Health, Ontario, Toronto.

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The Federal Department of Health.—Michael Steele, M.D.,  
M.P., Tavistock, Ont.

State Health Insurance.—C. J. C. O. Hastings, M.D., Toronto.

*Second Session*

Monday, May 26th, 2 p.m. Auditorium, Physics Building.

Opening of Congress.—His Excellency the Duke of Devonshire.  
Presidential Address.—Dr. J. A. Hutchinson, Westmount, Que.

SYMPOSIUM ON INFLUENZA.

Etiology, Epidemiology, and Incidence of Influenza.—Dr. W.  
H. Frost, Surgeon U.S. P.H. Service, Washington, D.C.

Sera and Vaccines in the Prophylaxis of Influenza.—Dr. Augustus  
Wadsworth, Director Div. Laboratories & Research,  
State Dept. of Health, Albany, N.Y.

Measures in the Control of Influenza.—Lt.-Col. J. W. S. McCullough, Toronto.

*Third Session*

Monday, May 26th, 8.15 p.m. Convocation Hall, University of  
Toronto.

Mental Hygiene.—Col. Thomas W. Salmon, Medical Director  
U.S. National Committee for Mental Hygiene, Washington,  
D.C.

*Fourth Session*

Tuesday, May 27th, 2 p.m. Auditorium, Physics Building.

Address.—Dr. A. D. Blackader, Montreal, Que.

Address.—J. Prentice Murphy, Secretary Children's Aid Societies,  
Boston, Mass.

Address.—Dr. Gordon Gallie, Toronto.

DISCUSSION.

Adjournment at 4 p.m. Reception will be tendered to the  
Delegates by the Directors of the Royal Ontario Museum.

*Fifth Session*

Tuesday, May 27th, 8.15 p.m. Convocation Hall, University  
of Toronto.

A Social Hygiene Programme for Canada.

Address.—W. H. Zinser, Chairman, Social Hygiene Division,  
Training Camp Activities Commission, Washington, D.C.

Address.—Dr. Raymond Fosdick, Chairman, Training Camps  
Activities Commission, Washington, D.C.

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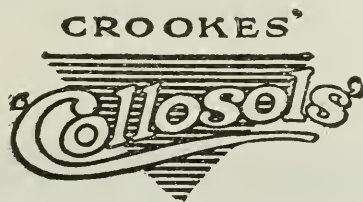
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*Sixth Session*

Wednesday, May 28th, 2 p.m. Auditorium, Physics Building.

Our Canadian Girl, Some Suggestions in the Reconstruction of Her Adolescence, Hon. Wm. F. Roberts, Minister of Health, New Brunswick.

"Community Nursing."—Miss K. Olmstead, Extension Secretary, National Association for Public Health Nursing, Chicago, Ill.

DISCUSSION.

Business Meeting.

Adjournment at 4 p.m. for motor drive around the city.

## PROGRAMME OF THE SECTION OF SOCIAL HYGIENE

*First Session*

Tuesday, May 27th, 9.30 a.m. Physics Building.

THE CONTROL OF VENEREAL DISEASES.

Chairman's Address.—Capt. G. A. Bates, C.A.M.C., Toronto.

Duties of Municipal Health Authorities in Regard to the Ontario Venereal Diseases Act.—M. B. Whyte, M.D., Director of Medical Services, Department of Health, Toronto.

The Role of the Laboratory.—H. K. Detweiler, M.D., University of Toronto.

The Value of Social Service Work.—Mrs. L. A. Hamilton, Toronto.

*Second Session*

Wednesday, May 28th, 9.30 a.m. Physics Building.

Joint Session with the Section of Mental Hygiene.

## PROGRAMME OF THE SECTION OF MENTAL HYGIENE

Tuesday, May 27th, 9.30 a.m. Physics Building.

*First Session*

Chairman's Address.—Lieut.-Col. C. K. Russell, Montreal, Que.

SYMPOSIUM ON "MENTAL HYGIENE AND IMMIGRATION"

(a) Dr. W. H. Hattie, Provincial Officer of Health, Nova Scotia.

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to the application of heat as a therapeutic agent in treating pneumonia and other diseases, are rapidly being converted to the use of Antiphlogistine as an adjunct in treating most conditions where inflammation plays a part.

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- (b) Dr. C. K. Clarke, Medical Director, Canadian National Committee for Mental Hygiene.
- (c) Major J. D. Page, Director of Immigration Port of Quebec.
- (d) Major A. H. Desloges, General Medical Superintendent of Insane Asylums of the Province of Quebec.
- (e) Dr. Gordon S. Mundie, Associate Medical Director, Canadian National Committee for Mental Hygiene.

*Second Session*

Wednesday, May 28th. 9.30 a.m. Physics Building.  
Joint Session with the Section of Social Hygiene.

THE PROSTITUTE AND THE COMMUNITY.

- (a) The Role of the Reformatory.—Mrs. O'Sullivan, Mercer Reformatory, Toronto.
- (b) The Role of the Police Court.
- (c) The Role of the Jail Physician.
- (d) PSYCHIATRIC CONSIDERATIONS. Discussed by—  
Miss M. Kniseley, Head Worker, Social Service Department, Toronto General Hospital, Toronto.  
Miss F. Moss, Psychiatric Social Worker, Toronto General Hospital, Toronto.  
Dr. C. M. Hincks, Associate Medical Director and Secretary Canadian National Committee for Mental Hygiene.
- (e) Preventive Measures.—Representative of the "Committee of Sixteen," Montreal, Que.

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PROGRAMME OF THE SECTION OF LABORATORY WORKERS

*First Session*

Tuesday, May 27th, 9.30 a.m. Physics Building.

- Chairman's Address.—The Development of the Public Health Laboratory, Professor J. J. Mackenzie, University of Toronto.
- Institutional Syphilis.—F. W. Luney, Institute of Public Health, London, Ont.
- The Use of Type I Anti-Pneumococcus Serum.—Capt. W. R. Hodge, Connaught Antitoxin Laboratories, University of Toronto.



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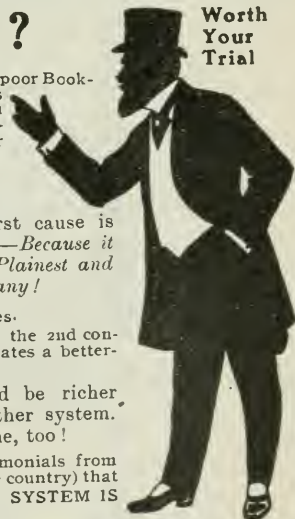
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The Bacterial Count as a Check in the Canning of Meat.—J. A. Allan, Ontario Veterinary College, Toronto.

Experimental Studies in Anterior Poliomyelitis.—H. L. Abramson, Director of Laboratories, New Brunswick.

The Bacteriological Laboratories at the Ontario Agricultural College.—D. H. Jones, Professor, Bacteriology, Guelph, Ont.

*Second Session*

Wednesday, May 28th, 9.15 a.m. Physics Building.

The Bacteriology of Swelled Canned Sardines.—Wilfred Sadler, Vancouver, B.C.

Phetoin Sentisation from Parasites.—Seymour Hadwen, Biological Laboratories Department of Agriculture, Ottawa, Ont.

Visit to Connaught Antitoxin Laboratories, Downsview, Ont.

PROGRAMME OF THE SECTION OF CHILD WELFARE

*First Session*

Tuesday, May 27th, 9.30 a.m. Physics Building.

Chairman's Address.—D. J. Evans, M.D., Montreal, Que.

Reports of the Secretary.—Lionel Lindsay, M.D., Montreal, Que.

REPORTS OF THE VARIOUS COMMITTEES.—

Committee No. 1.—Obstetrics.—Gordon Gallie, M.D., Toronto.

Committee No. 2.—Pædiatrics.—Lionel Lindsay, M.D., Montreal.

Committee No. 3.—Propaganda.—Heber C. Jamieson, M.D., Edmonton.

Committee No. 4.—Vital Statistics.—Helen MacMurehy, M.D., Toronto.

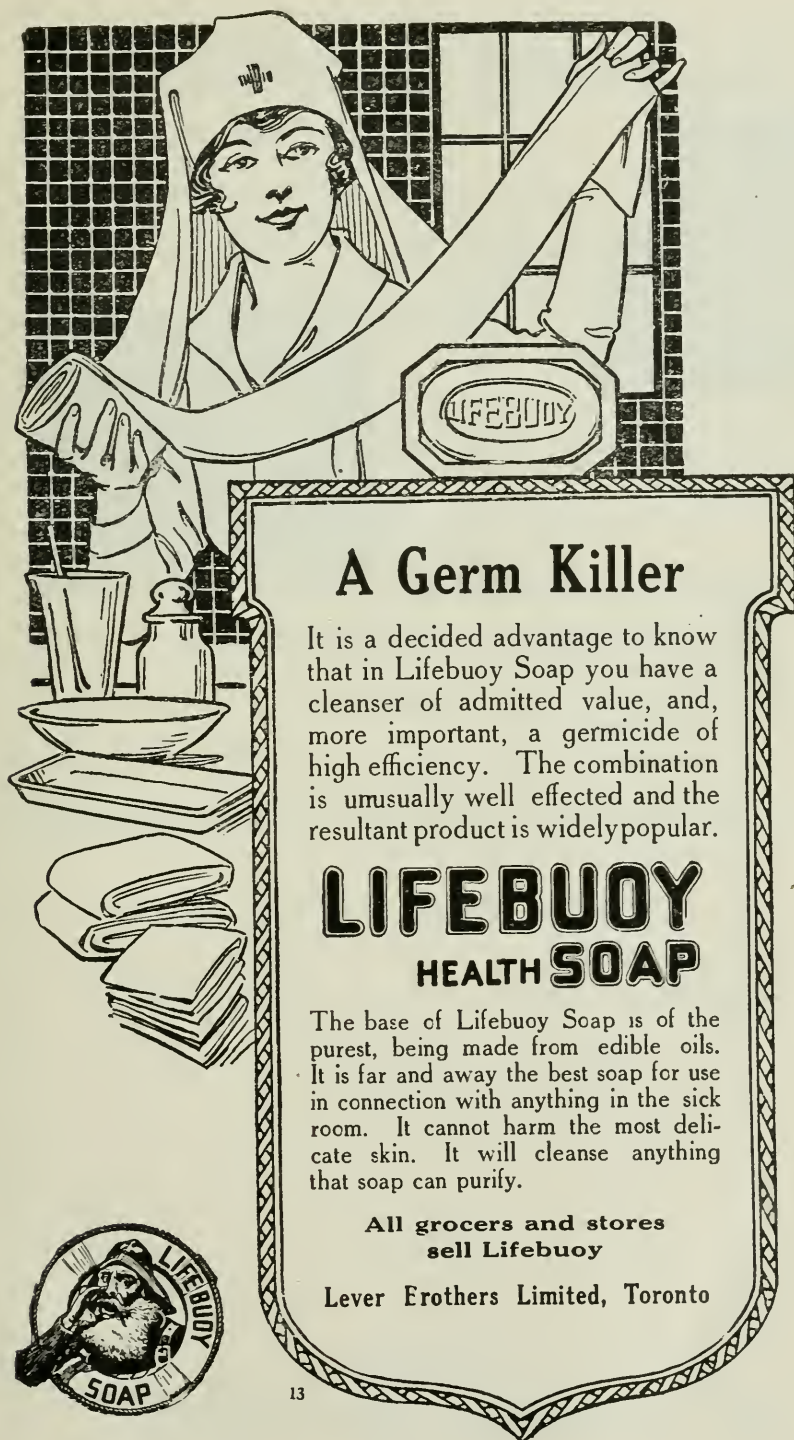
*Second Session*

Wednesday, May 28th, 9.30 a.m. Physics Building.

Report of Committee "Rural Communities."—Miss M. Power, Toronto.

Round Table Discussion on this Report.





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## REPORTS OF SOCIETIES

## PROGRAMME OF THE SECTION OF MEDICAL OFFICERS OF HEALTH

*First Session*

Tuesday, May 27th. Auditorium, Physics Building.

Presidential Address of the Ontario Health Officers' Association  
—G. R. Cruickshank, M.O.H., Windsor, Ont.

Some Observations on Diphtheria.—W. S. Downham, M.O.H.,  
London, Ont.

Sanitation of Rural Residences and Institutions.—Professor P.  
Gillespie, University of Toronto.

The Public Health Officer and His Relation to Public Health in  
Ontario.—S. E. L. Thompson, M.D., Kingston, Ont.

*Second Session*

Wednesday, May 27th, 10 a.m. Auditorium, Physics Building.

Some Observations of the Recent Epidemic.—M. O. Howitt,  
M.O.H., Guelph, Ont.

Some Problems for the New M.O.H.—D. V. Currey, M.O.H., St.  
Catharines, Ont.

The Public Health Laboratory as an Aid to the Health Officer.—  
A. J. Slack, London, Ont.

How Sanitary Measures Reduce the Waste of Man Power in the  
Army.—J. W. Shaw, Clinton, Ont.

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## Miscellaneous

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### A Veritable Prop

After the subsidence of the acute symptoms of any serious febrile disease, an examination of the blood will almost always reveal a degree of anæmia in direct proportion to the severity and duration of the primary disease. It is thus always desirable in such cases to adopt measures to revive, restore and reconstruct, and with this object in view one should begin at the foundation, i.e., the blood itself. To construct new red cells, and reconstruct those which have become de hæmoglobinized by disease, nothing is more potent in effect than Pepto-Mangan (Gude). This standard preparation of organic iron and manganese supplies the vital fluid with the elements needed to reconstruct and restore its oxygen carrying capacity, by contributing the necessary hæmoglobin. Pepto-Mangan is palatable, absorbable, and promptly assimilable. It encourages the appetite, without disturbing digestion or causing constipation.

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### The Therapeutic Effects of Colloidal Preparations

The invitation from the Editor of the *British Medical Journal* to relate my experience of the therapeutic effects of drugs in the Colloidal state is one to which I willingly respond. For more than a year I have been employing the Collosol preparations of the Crookes' Laboratories, and have had results which leave me in no doubt as to their superiority—I must say, with every desire to avoid the appearance of exaggeration, their great superiority—to the same drugs in the non-colloidal form. They are results which make it an obvious duty to suggest that trial on a large scale ought to be given to a form of medication which promises to effect a pharmacological revolution.

In cutaneous affections, as every dermatologist knows, the drawbacks to the use of argentum are the pain which it causes and the discoloration which it leaves behind. With *Collosol Silver* these effects are entirely absent; instead of producing irritation, indeed, it has a distinctly soothing effect. It rapidly subdues inflammation and promotes the healing of lesions. I have had remarkable results in enlarged prostate with irritation of the bladder, in pruritus ani and perineal eczema, and in hæmorrhoids. It can be used in the form of suppositories while





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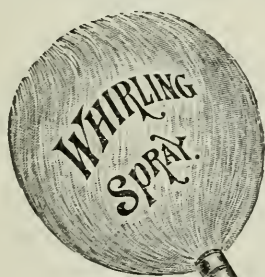
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a solution is applied to the irritated skin. In bromidrosis in the axillæ and feet is quickly gives relief. It also causes a rapid disappearance of warts. Being non-toxic, it can be given internally in urticaria and other forms of dermatitis which are suggestive of toxæmia. In such cases it is quickly beneficial, as it is also in diarrhœa.

Of *Collosol Iodine*, which, like *Collosol Silver*, is non-irritating and produces no stain, I have proved the efficacy in certain forms of eezema, and in some of those cases of bad chilblains which have been so numerous this winter. In a severe case of chilblains in the first stage, that of a woman of 37, whose fingers were so swollen that they looked like sausages, under the application of *Collosol Iodine* oil rubbed in four or five times a day every trace of the condition disappeared in four days. Equally valuable is this *Collosol* in severe cases of trench feet with ulceration, in which it is also an excellent prophylactic. It is most useful, too, in the many cases of Charcot's bedsores which are so troublesome a complication of spinal injuries in military hospitals. In the earlier inflammatory stages of lupus erythematosus, before atrophy has supervened, it is far more suitable than the ordinary form of the drug because of the absence of irritation. Similarly, it is to be preferred for internal administration in the later stage of syphilis, because the practitioner may dismiss from his mind all fear of evoking symptoms of iodism. Parasitic affections, again show a striking amenability to this remedy. In a case of dhobie's itch, in which the disease has spread from the groin and invaded the trunk, legs and arms, under the quite painless application of *Collosol Iodine* oil the extensive lesions all cleared up in three weeks; with ordinary remedies the case would undoubtedly have been more protracted, and the treatment would inevitably have put the patient to a good deal of pain.

Among the affections in which *Collosol Sulphur* is beneficial are various forms of acne, including acne rosacea, and seborrhœa. For the relief of generalized dermatitis, in acute psoriasis, and in painful fibrositis, whether of connective tissue, or muscle or of joints, baths medicated with this *Collosol* are in my experience at once soothing and quickly curative. In the case of an officer from the front, who was crippled with fibrositis and had severe eezema, a daily *Collosol Sulphur* bath relieved him of all his symptoms in a week.

These are not the only collosols with which I have had gratifying results, but on this occasion I need not go further into details. I have said enough, I hope, to show that these

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preparations, to put the case at its lowest, mark a very considerable advance in therapeutics. They act with singular rapidity, they are free of disadvantages inseparable from the same drugs in the ordinary state, and their extensive use would effect an enormous economy in drug consumption—a not unimportant consideration at a time when there is not enough of many medicinal substances to go round.

Their Canadian depot is at The Crookes' Collosols, Dandurand Bldg., Montreal, from where they can be obtained.

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The new Sales Room and Service Station recently erected by G. E. Gooderham & Company, 97-105 West Richmond Street, Chevrolet Distributors for the City of Toronto, is a monument of business enterprise conceived and carried out during war times.

The popularity of the Chevrolet car in all its different models led this enterprising firm to plan an enormous expenditure for the convenience of their customers and greater ability to take care of their service requirements at a time when the war news looked darkest.

This enterprise has been rewarded by increased support from the public, who are daily appreciating the efforts made on their behalf to give fair and reliable service.

The outstanding feature of this firm's selling campaign is a square deal for everybody and honorable trading above all things.

The different Chevrolet Models handled are—490 Touring, Roadster, Coupe and Sedan; F.B. or Baby Grand Touring, Roadster and Sedan; "D" Eight-cylinder Touring, "T" 1-1½ Ton Truck.

# The Canadian Practitioner and Review

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No. 6

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## Original Communications

### SOME PATHOLOGICAL CONDITIONS OF THE VULVA\*

By FREDERICK W. MARLOW, M.D., F.R.C.S., Eng., Toronto.

There are some pathological conditions of the vulva to which at the present juncture, one might well direct special attention. Not infrequently a patient complains of vulvar irritation and itching, and without examination is given advice as to treatment and procedure. Generally speaking, this is a practice that should be condemned, as it is most essential that a careful examination should be made for diagnostic purposes as a preliminary to any form of treatment, and besides, if care is not so taken to establish a diagnosis, it is quite possible that in many instances definite harm to the patient may result.

No physician or surgeon should prejudice his patient or himself by not insisting on and conducting a careful examination before ordering or prescribing. To treat symptoms instead of the condition from which the symptoms arise, is a practice too often followed and one which cannot be too strongly condemned.

Most diseases of the vulva give rise to irritation and itching. Causes of the symptoms are very numerous, and though some of these, as, for instance, uncleanliness, pediculi, infections, erythema, and eczema of diabetic or non-diabetic origin, are more or less common to all periods of life, one must specially seek out in the child the possibility of errors in diet; errors in dress, both by day and night; lack of general and local care, abnormal condition of the urine and fæces; irritation from thread worms inhabiting the anal canal and the lower part of the rectum.

In the adult female special consideration must be given to conditions incident to pregnancy, as congestion or varicosity of veins; to infection with or without sores, or œdema or involve-

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\* Read at the Academy of Medicine, Toronto, Dec. 5th, 1918.

ment of Bartholin's glands, the urethra or Skene's tubules; and to irritation from discharge resulting from diseases of the genital tract, and also to conditions prone to occur at a somewhat later period in life.

As the menopause approaches, is being established, or in the period of life beyond, irritation and itching should be regarded with suspicion until its cause can be positively recognized. Discharges incident to infection or disease of the genital tract, or gross disease of the vulva itself, may provide a cause readily recognized, but in many cases it will require a most careful examination, backed up by clinical experience to determine the nature of the lesion. It is to the recognition and treatment of such special conditions as most commonly appear at this latter period of life that special attention is directed.

Sores may exist, and though easily seen on examination, they are not always easily recognized. Such may be due to infection, more likely syphilitic, or to malignant disease. The greatest possible care should be taken to establish the diagnosis, and it should be remembered that there is no logical excuse for allowing doubt to remain under such circumstances. The patient is entitled to a diagnosis free from doubt, and if necessary should be informed of the possibilities to an extent sufficient to ensure her submitting to such procedures as will tend towards a positive diagnosis.

Much may be learned from the medical history and from gross examination of the sore and neighboring glands, but it is obvious that in this locality, as in most others, if malignant disease has become so gross as to be readily recognized at first sight, it has reached a stage in which the most radical treatment may avail little more than temporary relief.

Application of the Wassermann test may be of value, but a negative finding does not necessarily exclude syphilis, while a positive finding does not substantiate the diagnosis of syphilis as applied to the local lesion, as syphilis may be coincident with malignant disease, or the latter may be superimposed upon a lesion primarily syphilitic.

Microscopic examination is probably the most useful available aid to diagnosis. In securing a section for such examination, care should be taken to get sufficient depth of tissue and to include the fused edges of the healthy and diseased parts.

Therapeutic tests continued for more than a very brief period without definite and progressive improvement are illogical and so wasteful of time as to prejudice the patient's chances for



greater permanency of relief by radical measures. Treatment of such sores by caustics is unscientific and homicidal.

Medical practitioners who fail to definitely recognize vulvar sores, especially at the period of life under special consideration, either from lack of time or adequate facilities to conduct a thorough investigation, should refer such cases to those who are prepared to exhaust every possible means to make an early and accurate diagnosis, with the result that the patients may be properly advised as to treatment at the earliest possible time.

Occurring at various ages between thirty and sixty years, seldom earlier or later, and most commonly in one's experience between thirty-five and fifty years, epithelioma of the vulva manifests great variations in malignancy and rapidity of growth and extension. Local conditions in respect to heat, moisture and bacterial habitation predispose to more rapid proliferation and earlier ulceration, and also to earlier involvement of the neighboring inguinal glands in inflammation preceding extension or by extension itself. Generally speaking, where it occurs in a younger woman who is menstruating regularly, it compares most unfavorably as regards malignancy with those cases developing later on, and especially after the menopause is established.

If a case of epithelioma presents itself too late to justify radical operation, it should never be because a medical practitioner has procrastinated and advised delay. Nothing but failure on the part of the patient to seek medical advice at the earliest possible stage, or intense malignancy of the growth before it actually attracts the patient's attention, should debar her from the benefit of an early radical operation, involving extensive cutaneous and subcutaneous denudation of the vulva, together with the removal of the inguinal glands. These procedures may in suitable cases be combined in one operation, while in others it may be necessary to postpone removal of the glands until a later date when the reconstructed vulva is healed. It would seldom be feasible to remove the glands as a primary step and defer denudation on account of the difficulty of excluding infection from the growth in such a locality. If too late for radical operation, careful and mildly antiseptic toilet of the affected part, together with supporting and symptomatic treatment, will lend comfort and prolong life. Treatment by X-ray or by radium may temporarily control symptoms and to some degree retard the progress of the growth. It is to be hoped that in the future greater efficiency can be claimed for ray treatment than at present, or at least that such treatment or some other

may replace operative, or may resolve some of what now appear as inoperable cases into a state in which operation can be justifiably undertaken.

In the absence of gross vulvar sores or disease of the genital tract, causing irritation and itching, the vulva may be the seat of lesions of the skin itself. In a somewhat extensive experience, one has found these cases to come mainly under two types, which though more or less distinct, have a tendency to overlap or to co-exist. Both may be more or less localized, but are more generally diffuse, at least when well established. One may be classed as a hypertrophic chronic superficial vulvitis, and the other as an atrophic chronic superficial vulvitis. In some instances the latter may supercede the former in whole or in part. It is this form that is frequently designated kraurosis vulvæ.

In the hypertrophic form, which naturally occurs at an earlier age and more in advance of the menopause, the skin becomes thickened, firm, inelastic, roughened and more or less sodden in appearance. Moisture is present and small superficial abrasions frequently exist. Distinct leucoplakic patches are occasionally observed. In the atrophic form, which is early characterized by the appearance of small, irritable, reddish-brown patches in the region of the vestibule, the remains of the hymen and the urethral orifice, the skin in the later stages becomes shrunken, dense, smooth, shiny and dry. The labia minora, and even the labia majora, in extreme cases become insignificant or unrecognizable. The clitoris becomes atrophic from contraction of the tissues around it, and the vaginal orifice may undergo marked diminution in size.

The main histological features in the hypertrophic form are the infiltration of round cells, the increase of connective tissue cells, enlargement of the papillæ, intense stratification and shedding of the superficial cells of the epidermis, while in the atrophic form the cellular elements tend to disappear on account of replacement by connective tissue undergoing contraction.

Both forms give rise to irritation and generally to itching, which sooner or later becomes intolerable. In a few cases symptoms subside or cease spontaneously, but in the majority they are progressive. Great care and persistency is required in the treatment of such cases. The disease is a local one and is uninfluenced to any appreciable extent by constitutional treatment. As to local treatment, one can scarcely venture an opinion as to what measures are most effective, having found that various

applications designed to relieve very soon lose their efficacy, so that constant changes are required. Lotions, powders, oils and ointments are frequently submitted to trial in turn, and all of them fail to produce more than temporary relief.

Nothing but the power and determination of woman to bear distress and her natural reluctance towards examination, and particularly towards operations on the external genitals deter such patients from seeking surgical advice and radical surgical treatment. That this is true is unfortunate, as in such cases as do not respond readily to medical treatment, much suffering can be eliminated by surgical treatment, involving procedures comparatively simple and free from risk: and far more important still, if such cases were submitted to radical surgical treatment as soon as the disease is established and is progressing in spite of medical treatment, the incidence of malignant disease of the vulva would be materially reduced.

Not all cases of chronic superficial vulvitis, whether hypertrophic or atrophic, or whether characterized by leukoplakia or not, progress to malignant disease, but beyond question the great majority of cases of malignant disease of the vulva have as their precursors some recognizable change in the skin, resulting from one or other of these conditions and giving rise to symptoms which should invariably be regarded as forewarnings to which the utmost heed should be given.

Surgical treatment in such conditions has, in one's experience, given most satisfactory results, both immediate and remote. Thorough and extensive denudation of the areas affected is the procedure adopted.

417 Bloor St. West, Toronto.

## Editorials

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### CANADIAN MEDICAL ASSOCIATION

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We are informed that the prospects for the next meeting of the Association, which will be held in Quebec June 25-27, are very bright.

The addresses in Medicine will be delivered by Dr. W. S. Thayer of Johns Hopkins Hospital, that in Surgery by Dr. Jasper Halpenny of Winnipeg, two in Public Health by Dr. J. W. L. McCullough of Toronto and Dr. J. D. Page of Quebec. In the various sections the following will read papers:

In Medicine: Drs. A. D. Blackader, W. F. Hamilton, J. C. Meakins, A. H. Gordon, F. G. Finley, H. B. Cushing, E. C. Levine and Lionel Lindsey of Montreal; Drs. H. B. Anderson, R. W. Mann, H. M. Tovell and Fletcher McPhedran of Toronto; Dr. D. A. Craig, London, Ont.; Dr. H. A. Farris, St. John, N.B., and Dr. James Third of Kingston.

Surgery: Drs. G. E. Armstrong, A. E. Garrow, C. B. Keenan, E. M. Eberts, R. C. Powell and F. B. Gurd, Montreal; Drs. A. Primrose and Herbert Bruce, Toronto; Dr. C. L. Garner, Fernie, B.C., and N. J. Maclean, Winnipeg.

Public Health: Drs. G. S. Mundie, E. Grenier and J. E. Laberge, Montreal; Drs. C. M. Hincks, H. MacMurchy and Gordon Bates, Toronto; Drs. Peter Bryce and H. Montizambert, Ottawa; Dr. J. D. Page, Quebec; Dr. J. D. Beaudoin, Lachine; Dr. M. M. Seymour, Regina, and Dr. T. H. Whitelaw, Edmonton.

Eye, Ear, Nose and Throat: Drs. S. A. McKee, C. H. Mathewson, H. D. Hamilton, R. Craig and

Hamilton White, Montreal; Dr. G. Sterling Ryerson, Toronto, and Dr. L. Chipman, St. John, N.B.

As previously announced, there will be no special railway rates.

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#### THE AMERICAN MEDICAL ASSOCIATION

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The seventieth annual session of the American Medical Association will be held in Atlantic City, N.J., June 9-13, 1919.

Atlantic City is built on an island of virgin sand 10 miles long and from one-fourth to one mile in width, over five miles from the shore line of New Jersey, with intervening tide water bays, thoroughfares and salt meadows.

Atlantic City's boardwalk is so well known to the world that it needs little comment. This unique structure extends 8 miles along the ocean front, 20 to 60 feet wide, with its pine planks laid on massive concrete pillars, 8 to 10 feet above the strand. A stroll along this structure is equivalent to a walk on the deck of an ocean liner with all of its invigorating salt breezes and stimulus, but lacking in the disagreeable rolling and tossing of the vessel. The city's side of the boardwalk is lined with metropolitan hotels, stores, amusements, theatres, movies and bathing establishments. Every nation of the globe is represented by the boardwalk merchants, who are glad to show and sell Oriental, domestic and imported wares and articles of art and trade. Atlantic City has a class of hotels that is unexcelled in the world as to structure, service, comfort and cuisine. There are about twelve hundred hotels and boarding houses.

The opening general meeting will be convened in



the Music Hall on the Steel Pier at 8.30 p.m. June 10th. The foreign guests will be formally introduced and the president will deliver his address.

A Victory Meeting will be held in the same hall on the evening of the 11th at 8.30 o'clock.

At 2 o'clock on the afternoon of the 11th two large general meetings will be held on the Garden Pier. Representatives of foreign countries, especially allied countries, will deliver addresses, and on the same evening at 8.30 o'clock there will be a reception to the president of the association and to foreign guests.

We are reminded by the *Jour. A. M. A.* that the session of last year was called a war meeting, while that of this year will also be a war meeting, but in addition will happily be a Victory Meeting.

By June 9th many medical officers, perhaps more than 23,000, will have been released from military service. This will add great interest to the Victory Meeting, which will be an "epoch making session."

The *Journal* concludes by saying: "The Fellows of the Association are especially to be congratulated that the meeting occurs in Atlantic City, where ocean breezes, balmy sunshine and invigorating and soothing ocean baths keep the mental faculties eternally fresh."

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#### THE BRITISH GRAVES COMMISSION

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As intimated in our last issue, the War Graves Commission reached a final decision regarding the grave stones for the cemeteries for the fallen soldiers of Great Britain and her Dominions, in France and Flanders.

Each stone will bear the badge of the regiment to which the dead soldier belonged, with name and date of death. Under this will be engraved a cross, and at the base an inscription chosen by the relatives of the dead.

In a design from the *London Times* we find the following description: The stone about three feet by one and a half feet. On the top six inches was inscribed the name, No. 15742 Pte M. Robinson, Coldstream Guards, 20th Feb., 1916. On the two feet below this was engraved a cross as large as the surface would permit. On the bottom six inches was inscribed the following, chosen by his friends: "Have mercy upon him, Lord, and let perpetual light shine upon him."

## News Items

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### REQUISITIONS FOR LIQUOR

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We are told that Dr. Ferguson, the President of the Ontario Medical Council, received a letter from the Ontario License Board, intimating that there had not been an honest compliance with the Temperance Act by a number of the doctors in London and district. Dr. Ferguson has published an open letter, in which he admits that the strictures of the Board are warranted, and adds the following:

“Surely 50 prescriptions a month should meet the requirements of the most ardent advocate of alcoholic medication. Yet one-third of the medical men of this city and vicinity have exceeded that number. The total number of prescriptions issued by the 63 doctors of London and vicinity during the month of March was 4,060. Of this total 2,260, or over 65 per cent., were issued by 13 doctors; 1,780, or over 40 per cent. of the total, were issued by six doctors, and one man issued 481, or almost 12 per cent. of the total issued by the 63 doctors. Can there be any possible justification of such a record as this?”

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### ACADEMY OF MEDICINE, TORONTO

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The twelfth annual meeting of the Academy of Medicine, Toronto, was held in the Academy Building, 13 Queen's Park. The following officers and members of council were elected for the session 1919-20: President, Dr. Edmund E. King; Vice-President, Dr. J. H. Elliott; Hon. Secretary, Dr. F. C. Harrison; Hon. Treasurer, Dr. J. H. McConnell; Past President, Col. A. Primrose, C.B.; Elective Members of Council—Drs. R. T. Noble, Alan Brown, B. F. Watson, D. J. Gibb Wishart, H. B. Anderson, H. J. Hamilton, W. A. Cerswell; Chairman of Sections—Of Medicine, Dr. G. S. Young; of Surgery, Dr. B. Z. Milner; of Pathology, Dr. J. A. Oille; of Ophthalmology and Oto-Laryngology, Dr. Mortimer Lyon; of Pædiatrics, Dr. A. H. Spohn; of Obstetrics and Gynæcology, Dr. K. C. McIlwraith; of State Medicine, Dr. M. B. Whyte. One hundred and thirty-two Fellows of the Academy have served overseas, and these are now gradually returning. There were a large number of Fellows elected during the year, the Fellowship now being over five hundred.

### TORONTO ALUMNAE

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The annual meeting of the Medical Alumnae, University of Toronto, was held at the Sherbourne House Club, May 8, the following officers being elected: Hon. President, Dr. Ida Lynd; President, Dr. M. Gordon; Vice-Presidents, Dr. Stowe-Gullen, Dr. E. R. Gray, Dr. M. Johnston, Dr. Mary Roberts, of India; Dr. Bagshaw, of Hamilton; Dr. Bernie, of Peterboro; Secretary, Dr. Catharine Woodhouse; Treasurer, Dr. Rowena Hume; Representative to Associated Alumnae and National Council, Dr. M. Johnston and M. Gordon.

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### WOMEN'S WORK ON THE LAND

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The need for increased food production still continues to be a pressing problem, and judging from present indications, help on the farm is going to be harder to get than ever. The women's work has, in most cases, proved satisfactory for the past two years, both for the employer and the employee.

Last year over 2,400 girls and women were placed on the land in Ontario by the various offices of the Ontario Government Employment Bureaus. This year the demand for girls and women still continues, particularly from the fruit districts. We have already made arrangements for camps at Grimsby, Beamsville, Vineland, Jordan, Niagara-on-the-Lake, St. Williams, Vittoria and Burlington. The Oakville and Clarkson districts usually employ girls, although definite arrangements for this year have not yet been made in these places. Most of the girls are needed for fruit work, beginning about June 15th, and continuing until after peach and grape time. The majority of the camps will be supervised by the Y.W.C.A.

There has been a slight raise in prices paid to girls, and the prospects are for a good crop, so the girls ought to be able to earn a good wage.

For further particulars apply to Miss Kate S. Harte, Director of Women's Farm Work, 43 King St. West, Toronto.

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Major-General Fotheringham, the Director-General of Medical Services, requests that all medical officers who have been demobilized should, as an act of courtesy and for the purpose of completing records, submit to him such papers or articles concerning conditions arising from the war, as they may purpose publishing.

### ONTARIO BOARD OF HEALTH

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The reports for March show scarlet fever and diphtheria to prevail to a much greater extent than in the corresponding month of 1918. The increase for the last few months in diphtheria is most noticeable in Toronto, Ottawa and Windsor. Scarlet fever has been prevalent in Fort William for some weeks. The Provincial Board of Health has distributed, free of charge where diphtheria prevails, 25,946,000 units of antitoxin at a cost of \$3,891.00.

Diseases.	Cases.	Deaths.
Scarlet Fever .....	445	10
Diphtheria. ....	413	48
Measles. ....	39	0
Whooping Cough .....	69	4
Typhoid Fever .....	13	3
Tuberculosis. . . . .	242	196
Cerebro-Spinal Meningitis. ....	18	12
Meningitis. ....	15	15

Venereal diseases reported by Medical Officers of Health are as follows:—

Syphilis, 97; gonorrhoea, 183; chancreoid, 4.

Influenza is fast disappearing from the Province. In the deaths for March, pneumonia caused 133 more deaths than influenza. (Pneumonia 418, influenza 285.)

### MEMORIAL AT TAPLOW

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Premier Borden recently unveiled at Taplow a memorial to those who died at the Canadian Red Cross Hospital there. The memorial takes the form of a female figure typifying victory, and stands in the beautiful little cemetery on the estate adjoining the hospital cemetery, being in the form of an Italian garden. The most striking speech was made by Mrs. Astor, who owns the estate.

“What a privilege,” she said, “it has been for us to have the Canadians at Cliveden. I do not call this a cemetery. You will see we have tried to get away from the idea of death about this place. I feel it is only we who are dead, if ever we fail them in forgetting how they laid down their lives for right. You see the figure of the memorial faces west. We want to feel those who have been laid are merely a little way ahead of us.”



IN FLANDERS FIELDS

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Many competent judges say that Lt.-Col. John McCrae's "In Flanders Fields" is the most poignant of all the poems written during the war, and the most certain to have an enduring place in English literature. The incident that led to the writing of the verses is recalled by the return to Canada of Lt.-Col. L. Miller Cosgrave, D.S.O., who brought back to Ottawa the First and Second Batteries of the Canadian Field Artillery. The First Brigade Canadian Artillery went into line along the Yser Canal in February, 1915, and there on May 2nd, Lieut. Alexis Helmer, an officer of the battery, was killed. Morrison, McCrae, Cosgrave and other officers were present at the hasty burial of Helmer's body in a shell-torn spot on the canal bank, where it still rests undisturbed.

Near by is one of the irregular patches of burial ground, common near the front, where even so early as May, 1915, there were buried British, French, Belgian, Moroccan and Canadian dead, beneath their crosses "row on row." The poppies were beginning to bloom and the larks were singing when young Helmer was laid away. Col. Cosgrave says McCrae was deeply moved during the burial. He went to his dugout muttering to himself like a man putting an idea into suitable words, and in twenty minutes came back with the verses, "In Flanders Fields," substantially as they were afterwards printed.

Mrs. Helmer, mother of the young officer whose death gave Col. McCrae his theme, did not know of the friendship between the poet and her son until Col. Cosgrave told her at Ottawa.

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After three years' service, one year overseas and two years in Toronto, Dr. E. Ryan, Unit Medical Director, Department Soldiers' Civil Re-establishment, has resigned his position and will return to his former duties as Medical Superintendent, Rockwood Hospital, Kingston. Dr. Ryan has charge of "D" and "F" Units, corresponding to Military District No. 1 and 2, and he has built up therein a splendid organization in the various departments of medicine and surgery and research work. In social service work the organization has been perfected and the different sections placed in the hands of men of well tried experience.

## Personals

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Dr. Harold Ball has returned from overseas and resumed practice at 178 Sherbourne Street, Toronto.

Dr. Oswald Dinnick, of Toronto, became F.R.C.S., Edinburgh, April 25th.

Dr. (Major) Brefney O'Reilly, senior medical officer of the Royal Air Force in Canada, after being engaged in special duty in France, returned to his home in Toronto, April 20th.

Dr. John Noble, of 219 Carlton St., Toronto, had rather a serious attack of erysipelas, from which he recovered about the end of April.

It is reported from Kingston that Dr. A. P. Knight, for 27 years professor of physiology, Queen's University, has tendered his resignation, which, however, has not yet been accepted.

Dr. John McCollum, after being overseas about three years, returned to Toronto May 10th, and has resumed practice at his former residence on Avenue Road.

Dr. J. G. Cunningham, who was for some time Assistant Director of Medical Services for the Department of Soldiers' Civil Re-establishment at Ottawa, has taken over, temporarily, the duties of Dr. E. Ryan in Toronto.

Dr. F. A. Cleland, of Toronto, left Siberia in April and reached Vancouver May 5th. After spending a short holiday in B.C., he came to Toronto, and has resumed practice at his former residence, Bloor St. West.

Dr. (Capt.) Patrick Campbell has definitely settled in Toronto, having his office at 102 College St. He is still, however, doing some military work in the Central Hospital on College Street.

It is stated that Dr. Duncan Graham, who has been appointed head of the Department of Medicine in the University of Toronto, is the first full-time professor of medicine appointed in the British Empire. It is also stated that he will have a free hand in selecting his staff.

Dr. W. B. Thistle, who was somewhat seriously injured in an automobile collision on May 10th, when he had two ribs fractured, together with numerous bruises, made a speedy recovery and was able to resume practice in a few days.

Dr. J. G. Fitzpatrick, who returned from overseas in March, and then spent a short holiday in North Carolina, is now living with his family in his former residence on Balmoral Ave.

## Obituary

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### WILLIAM A. ROSS, M.D.

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We have to announce with deep regret the death of Dr. W. A. Ross, which occurred at his residence, Barrie, May 15. He received his medical education in the Toronto School of Medicine, and graduated M.D. from Victoria University. Soon after graduating he settled in Barrie, where he was successful in practice and highly esteemed by all classes of the community.

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### ANSON BUCK, M.D., M.R.C.S., Eng.

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Dr. Anson Buck, for many years a practitioner in Palermo, Ont., died in Toronto April 18th, aged 86.

Dr. Buck was for many years one of the most prominent physicians in Ontario. Apart from his activities in the practice of medicine, he was well known as a prominent politician, a staunch Liberal and an intimate friend of George Brown, Oliver Mowat, and George Ross.

He continued in active practice for 55 years, was then seized with paralysis in 1908, and was bed-ridden thereafter for the rest of his life.

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### RICHARD CARNEY, M.D.

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Dr. R. Carney, of Windsor, one of the best known physicians in Western Ontario, died at his home April 26th, aged 77. He was very highly respected because of his attainments in his profession, and was also very popular in Conservative circles because of his enthusiastic work for his party.

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Mrs. Dafoe, wife of Dr. W. A. Dafoe, of Madoc, and mother of Dr. A. R. Dafoe, of Callander, and W. A. Dafoe, a medical student of the University of Toronto, died April 11th.

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Mr. George Walters, father of Dr. W. R. Walters, of East Toronto, died at the residence of his son, April 15th, aged 85.

**LUKE TESKEY, M.D., M.R.C.S., Eng.**

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Dr. Luke Teskey, for many years a prominent surgeon of Toronto, and a very competent teacher of surgery in Trinity Medical College, died in Toronto, May 1st. He had for some time suffered from symptoms pointing to cancer of the stomach. On April 26th an operation was performed in the Toronto General Hospital, and during the operation it was discovered that the condition was incurable, but it was hoped that his life might be prolonged. Unfortunately there was no improvement in his condition, and he gradually sank until the time of his death.

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**A MacCOLL, M.D.**

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Dr. MacColl, one of Belleville's best known physicians, died May 5th, aged 52 years. Apart from his large medical practice he took an active part in military matters, doing much work in the C.A.M.C., and before his death was promoted to the rank of Major.

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**HENRY D. LEITCH, M.D.**

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Dr. H. D. Leitch, formerly of 592 Spadina Ave., Toronto, died at the General Hospital, Vancouver, B.C., April 21st.



## Book Review

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*The Principles and Practice of Obstetrics.* By JOSEPH B. DELEE, A.M., M.D., Professor of Obstetrics at the Northwestern University Medical School; Obstetrician of the Chicago Lying-in Hospital and Dispensary. 949 illustrations. Third edition, thoroughly revised. Philadelphia and London: W. B. Saunders Company, 1918.

To have gone through three editions in five years of war-time speaks volumes for the popularity and usefulness of this well-known text-book, which is the standard in all the larger universities of this continent. Obstetrical literature has been thoroughly reviewed in this new edition and all material brought up to date, making this book still the leader in its line.

## Selected Article

### ACIDOSIS AND ACID INTOXICATIONS

BY W. LANGDON BROWN, M.D., F.R.C.P.

Our conceptions of acidosis have undergone a marked change in recent years. Dr. E. P. Poulton has been a leading worker in these changes, and in his Goulstonian Lectures he provides an excellent review of the present position. Of necessity, however, he had to present such closely reasoned scientific data that, for the ordinary medical reader, the important clinical deductions may be obscured. My object is to give in as simple a form as possible his main conclusions, and to note some of the effects in every-day practice.

Acidosis has been defined by Barcroft as an increase of acid relative to basic radicles in the blood.  $\text{CO}_2$  not being considered. It may be produced, therefore, either by excess of various acids, such as diacetic and lactic, or by defect of alkaline salts. It may be *physiological*—thus if there be a lack of oxygen, lactic acid is produced which, like other acids, stimulates the respiratory centre to increased exertion, with resulting more vigorous ventilation of the lungs. This is seen in the acidosis which occurs when exercise is taken, whereby the oxygen intake is increased. Physiological acidosis also occurs at high altitudes when the body is at rest and is produced by diminishing ammonia formation from the tissue proteins and by making the urine more alkaline through diminished excretion of acid phosphates. The acid radicles in the blood are thereby increased. It is a mode of adaptation making it possible to exist in a rarefied atmosphere.

When acidosis results from some pathological condition which actually increases the production of acid, it may be compensated or uncompensated. It can be *compensated* for by (1) increased ventilation of the lungs, which diminishes the amount of  $\text{CO}_2$  in the blood; (2) increased excretion of acid phosphates; (3) increased formation of ammonia from the tissue proteins. Therefore, pathological acidosis can be recognized by the increased excretion both of acid and of ammonia, while in physiological acidosis both will be diminished in the urine.

If the acidosis is *uncompensated*, toxic symptoms may result, simply from excess of acid radicles in the blood. If an

animal were intravenously injected with a sufficient amount of dilute solution of hydrochloric acid it would be possible to render its blood actually acid and death might be due to this alone; this would rightly be called "acid" intoxication. But if, for instance, dilute hydrocyanic acid were used, death would occur before any perceptible alteration in the reaction of the blood had occurred, owing to the specific poisonous character of the acid. Which of these two factors is responsible for diabetic coma?

The similarity between the poisoning of dogs by injection of acids and the phenomena of diabetic coma is very great. In both there is greatly increased respiration, rapid pulse, increased ammonia excretion, and diminished  $\text{CO}_2$  in the blood. But whereas in dogs the condition can be rapidly improved by administering alkalis, this treatment is most disappointing in diabetic coma. Pavy held that the acidity of the blood in diabetic coma reduced its capacity for carrying  $\text{CO}_2$  which, accumulating in the tissues, caused narcosis. But in that case the increased  $\text{CO}_2$  tension in the renal cells, for instance, would be communicated to the urine, and this does not occur. Poulton determined the alkalinity of the blood to be normal in seven diabetic patients who were definitely drowsy. These facts show that though abnormal acids are present in diabetic coma, mere acidity is not responsible, and the acidosis is indeed often compensated. We are thrown back on the other explanation that the coma is due to the specific poisonous action of some acid.

Yet another condition is possible: acidosis may be *over compensated*. Certain substances containing the group  $\text{COH}=\text{C'H}-$  were shown by Hurtley and Trevan to have a stimulating action on the respiratory centre, quite apart from any acid reaction they may possess. This would cause hyperpnœa, with consequent washing out of  $\text{CO}_2$  from the blood, so that its alkalinity might actually be increased. Diacetic acid contains this group, and sodium diacetate may produce a hyperpnœa out of all proportion to the amount of acid present. Hurtley, therefore, refers diabetic coma to the poisonous effect of diacetic acid, and not to its acidity.

Recent observations fully confirm the view that diacetic acid results mainly from the breakdown of fats. Deprivation of carbohydrates or inability to assimilate them leads to increased katabolism of fat, with consequent increased production of diacetic acid. The liver tries to deal with this by converting some into the more saturated and less toxic  $\beta$ -oxybutyric

acid. We may look upon both acetone and  $\beta$ -oxybutyric acid as derivatives of the more important diacetic acid. The terms ketosis and ketonuria are conveniently used to cover the formation and excretion of all these three bodies.

The fasting method of treating diabetes brings out clearly that ketosis is largely due to metabolism being carried out at an extravagantly high level by excess of protein and fat in the diet. For whereas the normal individual develops ketonuria when fasting, the ketonuria of severe diabetes is greatly reduced by a fast. A normal individual lives on his fat when he fasts, but this does not give rise to sufficient diacetic acid to produce toxic symptoms. The amount of carbohydrate which may prevent ketonuria is as little as 30 grams a day, which is much too small to check starvation. But Zeller showed that it was necessary for one molecule of carbohydrate to be metabolized to lead to the consumption of two molecules of fat without ketosis. Ketosis has been called the smoke from the fires of metabolism. An excessive protein quickens up metabolism generally; to throw a lot of fat on to this metabolic fire without any carbohydrate to lead to its complete combustion clogs the apparatus with the poisonous smoke of diacetic acid. Its acidity can be neutralized by over-ventilation of the lungs and protective ammonia formation, but its specific poisonous effect cannot be so dealt with, and this effect falls primarily on the circulation. It is remarkable how invariably the consciousness of the patient varies with the strength of the pulse.

When ketonuria occurs in diabetes, metabolism must be adjusted to a lower level by fasting and underfeeding. In acute cases due to faulty dieting, with too much protein and fat compared with the amount of carbohydrate, the latter may be given. Bicarbonate of soda sometimes produces excellent results, but it is no good giving it just at the end, during coma, when the specific poisonous effect of the diacetic acid has fully asserted itself. It answers best in acute coma, due to faulty dieting. There are disadvantages in giving large doses, such as water retention, œdema, and with intravenous injections, convulsions. In giving an intravenous injection it is essential to cut down on the vein. It is very difficult to get the vein to stand out when coma is approaching, and on attempting to inject there is danger of the solution getting into the tissues, where it may excite gangrene. Joslin objects to the use of bicarbonate altogether, as he considers the formation of acid bodies may actually be kept up by giving it, but he does not

give any actual proof of this. Poulton finds that it is a good plan in long-standing ketonuria to give small doses of potash, lime and magnesia as well as soda—since all these are being drained from the body. This is a point I have repeatedly urged.

The improved results given by the fasting treatment are shown by the Guy's Hospital statistics. Formerly 16.9 per cent. of the cases were fatal during the first year of the disease—now only 5.4 per cent. Formerly the average mortality rate was 23 per cent. of all cases admitted, now it is 7.7 per cent. The ordinary hospital case was comparatively infrequently made sugar free for even a single day by the older methods; only 9.8 per cent. were thus freed, as against 73.5 per cent. now. A patient who is treated within three months of the onset has a 75 per cent. chance of being rendered sugar-free indefinitely. He summarizes his experience as follows:—The treatment by fasting and the subsequent addition of food in small quantities is by far the most successful way of treating diabetes; further, there is evidence that life is prolonged. Usually the patient is rapidly made sugar-free. It is not a cure for diabetes. The tolerance for carbohydrate is not increased by the treatment, and it may, in fact, diminish in spite of it if the disease spontaneously progresses. While giving Allen his due, Poulton reminds us that the principle of permanently underfeeding the diabetic was independently discovered by Graham while working in Garrod's wards at St. Bartholomew's Hospital.

Turning to non-diabetic acidosis, it must be confessed that very seldom it is really toxic in its effect, though, of course, toxic symptoms may co-exist with it. In some cases acidosis is evidently secondary to starvation, as in œsophageal or gastric carcinoma, cyclical vomiting of children, and pernicious vomiting in pregnancy. In eclampsia and post-anaesthetic poisoning there are severe toxic symptoms probably due to interference with the oxidases of the liver, but the acidosis is only one and probably not the most important manifestation of this. In some cases acidosis is probably physiological—thus in pregnancy there is a fully compensated acidosis, but if eclampsia supervenes the acidosis becomes uncompensated. In failing heart there is a lowered "vital capacity," as can be shown by the spirometer. Should the degree of failure be at all severe an uncompensated acidosis occurs. Poulton suggests very plausibly that this is analogous to the acidosis observed at high



altitudes; there is a call for more oxygen and an artificial acidosis is created to supply the demand. In uræmia there is an acidosis which is at first compensated, but which becomes uncompensated when the dyspnœa at rest becomes at all marked. Lewis and Barcroft showed that it was associated with the presence of some non-volatile acid. I should agree with Marriott and Howland that it is due to the failure of the kidney to excrete acid phosphates. In cardio-renal cases both factors will be operative. Wright and Fleming have noted the existence of an acidosis in gas gangrene and have advocated injections of sodium bicarbonate, but Poulton considers that this acidosis was a terminal phenomenon and not very important. Whiting found a post-mortem blood acidosis the rule, particularly in patients that had suffered from some infection. Though Poulton is inclined to think that normal saline would act as well as bicarbonate of soda, he admits that when an acidosis due to the production of acid has been proved it is only rational, if intravenous injection is employed, to add some alkali to the fluid.—*The Medical Review*.

## Selections

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### Gastric and Duodenal Ulcer

Pinochietto and Vaccarezza analyze their experiences with seventy-five operative cases of ulcer in the stomach or duodenum. They give the details of a number of typical cases and expatiate on the importance of combining both medical and surgical measures; these do not conflict with but supplement each other. In hospital practice they operate in every case of chronic ulcer of stomach or the duodenum unless they are convinced that syphilis is a factor. In this case they give a course of specific treatment, and if the results are not satisfactory, they operate, regardless of the syphilis although continuing treatment. In private practice they impose a rigorous medical course of treatment, not insisting on surgical measures until these fail. Gastro-enterostomy is the operation of choice. With hæmatemesis they refrain from operating until a quiet interval. With sub-acute perforation, seen in the first twelve hours, they operate at once, but if over twenty-four hours have elapsed and the reaction of the wall is slight and the general symptoms mild, they order absolute local and general repose and defer the gastro-enterostomy until later. With acute perforation the operation must follow at once.—*Semur Medica*.

### Poisoning from Bismuth Subnitrate Paste

The therapeutic results obtained by the use of Beek's bismuth paste are unquestionably very satisfactory, but that the procedure is not devoid of danger is equally true. There are a number of surgeons who maintain that iodoform ether, iodoform oil, or camphorated naphthol are quite as satisfactory in the cases which are suitable for bismuth paste. They likewise point out that bismuth intoxication may occur and that before resorting to its use the condition of the liver and kidneys must be carefully ascertained. It is an undoubted fact that all the toxic accidents produced by bismuth subnitrate are due to the transformation of insoluble salts into soluble ones, this transformation resulting from the action of the liquids of the organism and from the absorption of the newly formed salts thus produced. Dalehé has pointed out that the presence of albuminoid matter favors the solubility of the metallic oxide, and, absorption continuing, the toxicity of the bismuth subnitrate is explained.

Bismuth subnitrate should not be used as a dusting powder for extensive wound surfaces on account of the toxic accidents which have been reported, while the use of Beck's paste, regardless of the successful results obtained, must be carefully watched and the possibility of poisoning guarded against. The preventive measures consist, in the first place, in not injecting large quantities of the paste and in attentively watching for the very first symptoms of intoxication, in order to remove at once the mass of unabsorbed bismuth. To accomplish this, the fistulous tract or cavity need only be syringed out with sterile olive oil and then filled with the oil for about twenty-four hours in order to make an emulsion which can be removed by aspiration. The removal of the paste with the curette is a dangerous procedure, because it opens the door to further absorption. However, when the paste has been eliminated the symptoms of poisoning quickly fade away, and one should not place too much importance on the appearance of a mild cyanotic tint of the gums, as this symptom has been noted by the Becks in some twenty per cent. of the cases, and none of the patients offered any other evidence of intoxication than this. Quite on the contrary, these cases have given the best therapeutic results.

Acute suppurating processes should never be treated by bismuth paste for obvious reasons; the treatment should be limited to old fistulous tracts with thick fibrous walls. If one closely follows the directions given by Beck the danger of bismuth poisoning will be avoided to a large extent, but some surgeons are inclined to believe that the use of some other bismuth salt, the carbonate, for example, would give more security from intoxication.—*N. Y. Medical Journal*.

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#### Lethargic Encephalitis Puzzle

Dr. Simon Flexner stated that for the present the disease should be viewed as of unknown causation. Its relation to other diseases, e.g., influenza and infantile paralysis, is merely conjectural. None of the European observers ascribe the cases occurring in their respective countries to influenza or other well known diseases, although the resemblance of the pathological lesions in the nervous system to those occurring in infantile paralysis has led to a discussion of the correspondence and difference of these two afflictions. It is highly important that the suspected cases of lethargic encephalitis should be studied, both clinically and pathologically.—*N. Y. Medical Journal*.

### Staining the Diphtheric Bacillus

P. L. Sutherland (*Lancet*) describes a simple stain and staining technique which have been used extensively for eight years with most excellent results. The stain is made by dissolving 0.1 gram of toluidine blue and 0.5 mil of glacial acetic acid in 100 mls of distilled water. This solution keeps well. The technique is to prepare smears on slides in the usual way, fix them by heat, and then place a drop of the stain on each smear and at once cover with a coverglass. The excess of stain is removed by blotting. The slide is ready for examination about one minute after putting on the stain. The stain colors the bodies of the bacilli a faint blue and the polar granules a deep reddish purple. It is applicable to the detection of diphtheria bacilli in either cultures or in direct smears from swabs.—*N. Y. Medical Journal*.

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### The Eugenic Marriage

The new Norwegian marriage law came into force on January 1st, 1919. It may not represent the unadulterated eugenic ideal, but it is so great a step towards it as to be almost revolutionary. It contains eighty-one sections, but the following are some of the salient points: A man under 20 and a woman under 18 may not marry without the consent of the authorities. Birth and baptism certificates must be produced before the banns are published. Under certain conditions, one or both of the contracting parties may be required to show that they have not been insane. Both must declare in writing that they are not suffering from epilepsy, leprosy, syphilis, or other venereal disease in an infectious form. In the other alternative the subject of any of these diseases must prove that the other party to the marriage contract is cognizant of the fact, and that both parties have been instructed by a doctor as to the dangers of the disease in question. The doctor concerned is not to be tied by professional secrecy and is bound to interfere if he knows that any one of these diseases is being concealed by either side. A written declaration must also be given by the candidates for marriage as to previous marriages and to children born to them out of wedlock. The marriage may be nullified if it is subsequently proved that insanity or any of the above diseases have been concealed, or if an incurable morbid condition, incompatible with married life, exists. Dissolution of the marriage may also be claimed if

false declarations have been made or obstacles concealed. Again, if the woman has become pregnant by another man, or if the man has rendered another woman pregnant and this has not been revealed, dissolution of the marriage may be claimed, whether the child of this irregular union be born before or after the marriage; such a claim must be made within six months of the facts becoming known to the claimant. No woman may marry again till ten months after the termination of her previous marriage if she is pregnant at this period. Many other causes are defined as valid for the dissolution of marriage, and it is evident that henceforth in Norway it will often be difficult to marry in haste, and that the facilities for escaping from a hasty, ill-judged marriage will prove to be numerous and varied.—*British Medical Journal*.

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### Post-operative Pneumonia

Attention has recently been called to the fact that post-operative pneumonia is a far more frequent complication than is ordinarily acknowledged. Whipple points out that the most important predisposing factors are: recent or concurrent inflammation in the upper respiratory tract; pulmonary congestion; inhibition of normal respiratory movements as a result of an abdominal incision; debilitated states; and an increase in the number and virulence of the pneumococci in the winter and early spring. The X-ray has proven valuable in demonstrating the lesion before physical signs can be elicited.

After certain classes of operations—notably those in the upper abdomen—postoperative pneumonias, varying from a small patch centred about some bronchus, to a full blown consolidation limited by the boundaries of one or more lobes, are frequent, are causes for much concern, and contribute appreciably to the total mortality. In a certain proportion the character of the clinical course gives sufficient reason for the assumption that the process is a reaction to bacterial infection, induced or precipitated by an impoverished general condition; and it is reasonable to interpret the complex as an intercurrent infection, interrupting the smoothness of the convalescence to which one is ordinarily accustomed.

In other cases the clinical course lacks the usual markings of a pneumonia of the lobar or lobular type, and the impression is lacking that the condition owes its existence to bacterial trauma. In a few of these the shape and location of the compromised lung tissue, and the characteristics of the physical



signs, indicate rather clearly that the process is of an embolic or infarctive nature; and the assumption has been frequently proven true at post-mortem examinations. It is very possible that the great majority of the pulmonary complications, occurring in the postoperative period, owe their presence to embolic and infarctive phenomena.

Frequently the presence of physical signs in the lungs—rales of some kind, or an area of dullness—does not correspond with an actual area of consolidation; and the finding of fairly normal and crepitating lung, where one expected a consolidated area, is most disconcerting at the post-mortem examination. These signs are most frequently found where there has been marked abdominal distension and a resultant compression of the thoracic contents; or they are due to changes in the vascular equilibrium of the pulmonic circulation.—*American Journal of Surgery*.

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### The Centenary of Auscultation

In 1819 appeared Laënnec's *Traité de l'auscultation médiate*, a work which is one of the landmarks in the advance of medical science. The inventor of the stethoscope, whose full Christian name was René Théophile Hyacinthe, was born in 1781, at Quimper, in Brittany. Like Bichat, Dupuytren, Récamier, and other men who rose to distinction in the early part of the nineteenth century, he had to serve as a regimental surgeon in the Republican armies while he was still a student. In 1816 he was consulted by a buxom young woman with a diseased heart. Unwilling to employ immediate auscultation, Laënnec rolled a quire of paper into a cylinder, and applying one end of this to the cardiac region and the other to his ear was surprised to find that he was able to hear the sounds of the heart more clearly than he had ever heard them before. He followed up this observation, and by the use of the new method discovered a number of previously unknown signs of chest disease. In 1818 he communicated the results of his work to the Académie des Sciences, which listened to the announcement of his epoch-making discovery "with respect but without enthusiasm." His book was received with distrust, and the stethoscope was ridiculed as a toy. C. J. B. Williams, the chief of the early expounders of Laënnec's method in England, says that but for the admirable description of diseases contained in the *Traité de l'auscultation*

# Eliminating Caffein from the System

In many instances, this is not only advisable for clearness of diagnosis, but for effectual therapeutics. In other words, there is a train of symptoms attributed to various causes which in reality should be referred to the habitual use of coffee and tea, since both contain an alkaloid, caffein; therein in tea being identical in action with the coffee drug.

Vague, nervous phenomena—unaccountable irritability; insomnia; headache and other neuralgias; rheumatic pains and stiffness; lassitude or its opposite, undue excitability, etc.—frequently puzzle the anxious, painstaking doctor as to their true cause. But the matter is often cleared up when the “reaction” of caffein on the nervous system is taken into consideration.

In conditions like these

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Canadian Postum Cereal Co., Ltd., Windsor, Ont.

*médiate* the discovery would have been allowed to fall into oblivion. In 1823 Laënnec was appointed professor of internal medicine in the Paris faculty, and he was physician to the Charité, to which students flocked from all parts of Europe. At the bedside he always spoke in Latin for the benefit of his foreign hearers. He was a man of frail physique, and his private practice never exceeded £1,000 a year; though he was physician to the Duchesse de Berri he was not popular in court circles, in which he was spoken of as *ce petit sec*. In his own profession he found severe critics. Antoine Portal, one of the leading physicians of his day, who differed from him as to the ease of Madame de Staël in her last illness, has left a bitter judgment of his method of treatment and his discovery. Laënnec died in 1826, of the disease which he did so much to elucidate, as has often been the fate of physicians.—*British Medical Journal*.

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### The Danger of Ministering to Superstition

By reason of the fact that his lightest utterance anent matters in any way pertaining to health is taken by the laity as *ex cathedra*, the physician must be over-serupulous how he acquiesces in popular fallacies. Early in his professional career a general practitioner learns diplomacy and psychology of the most practical sort. When he finds that the revered grandmother of the family has been applying therapy of the 1850 variety he must steer between the Scylla of retarding his patient's recovery and the Charybdis of offending the conceit of an influential adviser and an eventual loss of practice. He therefore learns to steer a middle course by agreeing verbally with the lay theories, but modifying the application as much as possible and insinuating gradually his own therapy. But when it comes to the question of a pet superstition, there is danger that his complaisance may lead him to a confirmation—which inevitably results in fixing the fallacy irrevocably—especially since there may seem to be involved no question of danger to the life or health of an individual. Often indeed these superstitions seem more fantastic than harmful, they are perhaps a matter of faith and have been maintained earnestly by the holder, who looks to his family physician to support him.

We are able to get a proper perspective on a question of this sort only by considering the function of the physician in society, which is broader than the alleviation and healing of

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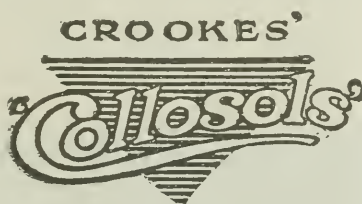
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disease; he is bound to disseminate knowledge and dispel ignorance in regard to matters pertaining to health, sickness, prevention of disease, etc. It is not on record that superstition ever led to good, and it is impossible to estimate the amount of harm done by the spread of even one commonly held fallacy, leading as it may to fear states, with their accompanying psychic and physiological changes.

We are all familiar with the stories of prenatal frights with their resultant reproduction in navi—the pregnant woman frightened by a mouse and the mouse-shaped birthmark, etc. Recently there was reported before a medical society the case of a child born with the osseous structure of the left chest missing, and this was attributed to an accident sustained by the mother when seven months and eighteen days pregnant! One might be led to wonder if the essayist had ever seen a fœtus during the eighth month, and if so, how he imagined a trauma would act which would cause half the chest wall to involute, so to speak. No doubt in the case in question the relatives will make a family legend out of it—it will go down from father to son for many generations and be made the text and paradigm of many a lay discourse. And many and many a pregnant mother, stumbling over a wrinkled rug, or running against a table in the dark, will lie awake picturing horrible, monstrously deformed offspring. Let us then disseminate light rather than gloom and help the world to reason rather than to fear.—*Medical Record*.

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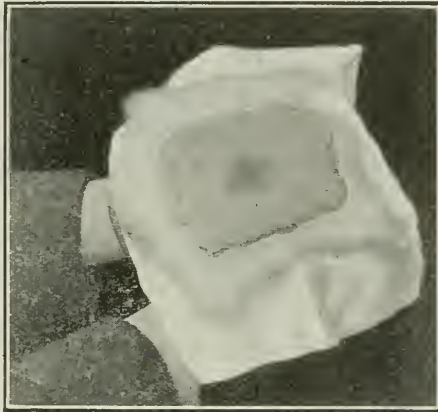
#### Acute Appendicitis in the Aged

Dubs, in an article abstracted in *La Presse Médicale* for February 27, emphasizes the infrequency of this affection after the age of 50. In a material of 500 cases of the disease treated at a Swiss cantonal hospital during a period of three years only 19 occurred in subjects in the sixth decade, 4 in the seventh, and 2 in the eighth decade. In other words, but 5 per cent. of these cases occur in subjects above 50 years. Figures show that at these advanced ages appendicitis occurs in two principal forms. The first is diffuse peritonitis following perforation, and is fortunately rare, while in the other form the condition is of very slow evolution and may even simulate a neoplasm. Otherwise considered the attack in the elderly differs from the attack in the youthful, because of the absence of a general reaction. The local symptoms may be sharply in evidence—notable muscular rigid-



# Scientific not Empirical

Remove an Antiphlogistine dressing at the end of twelve hours and examine it. The centre will be wet provided there is an inflamed area beneath it; an outer zone merging into the centre will be moist, and the part which has covered healthy tissue will be comparatively dry.



In the outer zone the blood is flowing freely and uninterruptedly through the underlying vessels, forming a current directed away from Antiphlogistine. Its liquid contents therefore follow the direction of least resistance and enter the circulation through the physical process of endosmosis. In the centre zone there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The point of least resistance for the liquid exudate is therefore in the direction of Antiphlogistine, exosmosis is going on in the zone, hence the excess of moisture.

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ity and marked tenderness to pressure, but reflex and constitutional symptoms are correspondingly less marked; for example nausea, which is usually absent. Whatever its intimate nature the treatment of appendicitis in the aged is essentially surgical and never expectant, and the mortality under operation is about 12 per cent.—*Medical Record*.

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### Return of the Influenza

Another illusion has been shattered by the prevailing outbreak of grippe. It was formerly thought that influenza rarely attacked a person twice. This idea has now been proved erroneous. According to statistics gathered by the *Matin*, about a third of those now suffering from grippe have had a previous attack quite recently. Instead of acquiring immunity, they would seem to have been rendered more susceptible to the malady. No precaution should be neglected, therefore, to avoid possible contagion, particularly in view of the virulence of the present epidemic. In England, the deaths attributed to influenza numbered 3,046 last week, as compared with the previous week's record, 1,363. Although the outbreak in Paris is less severe, the statistics of deaths from grippe show an upward tendency.

Among the preventive measures which have been tried in England, one of the most efficacious is the simplest. It consists of gargling frequently and douching the nostrils with a solution of a tablespoonful of common salt in a quart of tepid water. As regards treatment Professor Albert Robin recommends pyramidon and quinine hydro-chloride to counteract fever and hot infusions to provoke perspiration.—*Paris Letter Medical Record*.

---

### The Heroism of Medical Officers

Never have the fighting troops manifested finer courage than that shown by medical officers everywhere,—on the fighting line, in rendering first-aid to the wounded: in operating rooms, with Boche aeroplanes bombing the hospitals in which they were working; and in the pneumonia and meningitis wards of hospitals where, in administering to the needs of sick soldiers, they have daily and nightly risked their own lives. That the dangers which the doctors have faced in this war are real, is shown by the fact that the casualties in the Medical Corps are second only to those in the infantry.—*War Medicine*.



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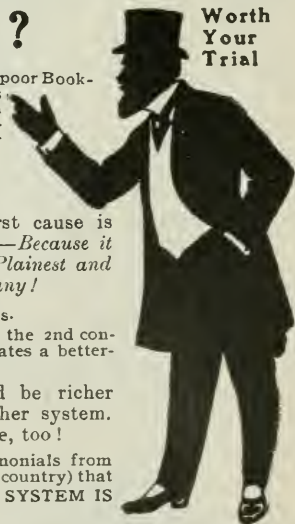
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## Miscellaneous

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### After the Long School Year

the tired school child, whether girl or boy, is extremely liable to become vitally depressed, worn out both physically and mentally, and more or less anæmic. With the coming of warmer weather, this depreciated condition becomes accentuated and it is the part of wisdom to take steps to build up the tone of the organism, enrich the vital fluid by creating new red cells, and hæmoglobin, and employ every available means adapted to reconstruct the cells and tissues and restore the depleted vitality. Pepto-Mangan (Gude) does yeoman's service in such condition, by furnishing an agreeable, absorbable, and assimilable organic combination of iron and manganese, the agents most needed for blood repair, and general reconstruction. It is pleasant to take, and does not irritate the digestive organs nor cause constipation.

---

### Local Men Organize Advertising Company

A move of much public interest, because of the people concerned, takes place in the formation of a new company for the purpose of conducting a general advertising agency business, organized under the laws of the State of New York, with offices in New York City. The name of the organization will be announced with the filing of articles of incorporation.

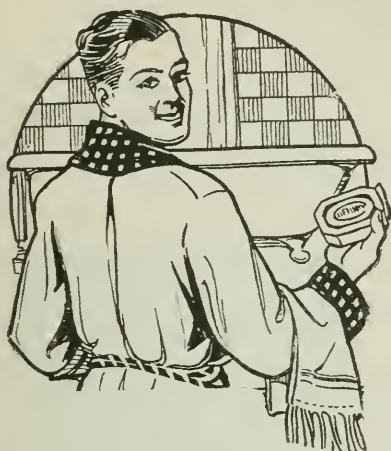
This move carries with it several local men of prominence. Among this number are F. C. Grandin, A. H. Hulscher and G. V. Rothenberg, formerly of There's a Reason Co., and L. J. Lamson and Dr. C. W. Green, who have been the predominant advertising factors in the copy department of the Postum Cereal Company.

These men have associated themselves in the formation of a new company with a paid up capital of \$100,000. The advertising factors in the copy department of the Postum Cereal agency.

The president and chief stockholder of the new organization is F. C. Grandin, who with C. W. Green and L. J. Lamson, vice-presidents; A. H. Hulscher, secretary, and G. V. Rothenberg, treasurer, hold the entire stock.

The new agency is officered by men of broad and trained advertising experience in every branch of the business.





## Try a Lifebuoy Bath Yourself, Doctor ■

See if its cleanly odour, its creamy, velvety lather and the healing effects of the antiseptic, vegetable oils do not have a wonderful tonic influence on a tired body.

# LIFEBUOY

## HEALTH SOAP

It is more than soap—it is antiseptic and germicidal in character. It is the best for the bath at any age. It is, par excellence, the soap for washing all garments that touch the skin, as well as for all housework.

There is neither age limit nor exemption for man, woman or child—everyone has a daily fight to carry on against germs and microbes of diseases. Lifebuoy Soap is a real cleanser and germ killer.

*Lifebuoy Soap is sold by all  
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**LEVER BROTHERS LIMITED**  
**TORONTO**





## Overtures from German Scientists

The Universities of Leipsic and of Heidelberg recently sent a letter to all the French universities suggesting that, now the war was practically over, the pre-war relations between the universities of the two countries be renewed. Some of the institutions addressed made no reply; others bluntly refused to pick up the threads where the Germans had savagely cut them. The University of Bordeaux wrote as follows:—"Please make a short visit to the devastated regions of Northern France and then inform us upon your return how long it would be before you would renew relations with a people committing similar deeds in your country. The generation perpetrating such abominations has severed all connection with humanity. Perhaps we shall renew relations with the next generation." We wonder how many lessons of this sort will be necessary before the Teuton mind realizes that rape and rapine are not innocent pastimes to be indulged in with impunity whenever the war lord permits. The German professors who signed the proclamation accepting responsibility for all the abominable atrocities decreed by the Emperor and the General Staff are now complaining of the unbrotherliness of the British and French scientific societies in dropping them from honorary membership, and appear to look for early rehabilitation and renewal of fellowship. We hope there will be some authoritative expression of opinion by the American profession, when the American Medical Association meets next June, regarding the attitude to be maintained toward the profession in Germany and the individual members of it who purpose coming here to practise as soon as they are let.—*Medical Record*.

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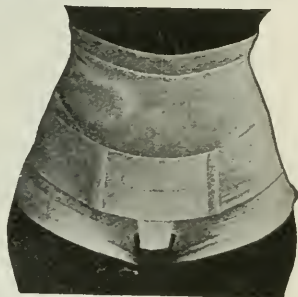
Book-knowledge, lecture-knowledge, examination-knowledge, are all in the brain, it is in the senses, in the muscles, in the ganglia of the sympathetic nerves, all over the man, as one may say, as instinct seems diffused through every part of those lower animals that have no such distinct organ as a brain. See a skillful surgeon handle a broken limb; see a wise old physician smile away a case that looks to a novice as if the sexton would soon be sent for; mark what a large experience has done for those who were fitted to profit by it, and you will feel convinced that, much as you know, something is still left for you to learn.—*Oliver Wendell Holmes*.

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### Medical Men on Public Bodies

At least two members of the Hove (England) Corporation seem to forget that a healthy population costs the rates less than an unhealthy one. One of these two members of this Corporation, who is a nonagenarian, by the way, quibbled the other day about paying the Baby Week deficit of £21. Fortunately, his military duties permitted a medical member of the Corporation to be present at the meeting, and his rejoinder quickly put an end to all criticism, and the two members found themselves a very small minority. The incident emphasizes the value of medical men on our governing authorities, and in matters Imperial the doctor M.P. is no less useful. Baby Week has come to stay, even in Hove, and the work of the Maternity and Child Welfare Committee, once undertaken, must be maintained.—*The Hospital*.

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### Whisky Cure for Influenza

There is a consensus of opinion, especially medical opinion, that stimulants, whisky in particular, are a preventive of influenza. The filter-passing virus may elude scientific vigilance, but by all accounts it stands a poor chance against the penetrating potency of distilled spirits. In face of this even the Liquor Control Board, which hitherto has hardened its heart against both threat and appeal, has yielded, and whisky, brandy, and gin are now to be available in larger quantities for those who have faith in their fortifying qualities. The teetotal propagandist, however, is not happy. He looks upon this concession as a victory for the liquor interests, and a score for those who favor a return to free trade in intoxicants.—*B. M. J.*

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### Shell Shock

Some of the most interesting descriptions of shell shock come from the war correspondents. Philip Gibbs says:—

“It was the constant shelling behind the lines and in the lines which wore down the nerves of men and caused that new disease, unknown to mankind before, called shell shock—the most horrible malady in war. Strangely enough, it affected the stolid, phlegmatic type of man more than the nervous and highly strung, and it had nothing to do with lack of courage, but was a physical disorder of the nervous system caused by concussion. During the attack on Thiepval in the battles of the Somme I

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saw a tall and strapping sergeant-major go raving mad by shell shock. He kept clawing at his mouth, and his body was shaken with convulsions, so that he had to be strapped to a stretcher. Another soldier near him, a young and handsome boy, was shaking in a kind of ague, staring wildly, with a dreadful terror in his eyes, quite insane. After almost every battle we fought through four and a half years of fighting there was always a crowd of shell-shock cases, and I used to turn my head away from the sight of these poor boys, with their dazed and lolling eyes and that clawing gesture at the mouth. Our asylums are still full of them."

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**Purgatives before Operation** (*Surgery, Gynecology and Obstetrics, June*).

W. A. Alvarez criticizes the custom of purging patients before operation, stating that it is unnecessary; indeed it enfeebles the organism and seriously diminishes the patient's power of resistance. Some purgatives act by interfering with intestinal absorption, while others upset the balance of salts. Dehydration of the body is bad before an operation in which there may be hæmorrhage and vomiting. Magnesium sulphate, for example, causes an increased amount of fluid in the bowel and disturbs those who want it empty. In operations on the colon, solid contents are preferable to liquid. The author thinks also that in some cases post-operative vomiting is in a measure due to the preliminary purgation. He suggests that food be given as late as possible before operation; that even enemas be avoided if not absolutely necessary; that water and solid food be given by mouth as soon as possible after operation; and that purgatives be avoided after operation as well as before.  
—*The Prescriber*.

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**Taking Chances in Blood Transfusion**

Transfusion of blood or blood constituents has become a necessity in modern clinical practice. Its general utility is unfortunately still limited by a number of difficulties of technic and incompatibilities of blood that have not been satisfactorily mastered. None of our present methods—the syringe cannula, the paraffined tube and the citrated blood procedures—are absolutely free from all objectionable features, among which unanticipated hæmolysis, agglutination of the corpuscles, and febrile reactions are included.—*Jour. A.M.A.*



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**"WALKER'S OLD RYE" Whisky**

*For Medicinal Purposes*

The essentials of a good whisky for medicinal purposes are that it shall be both pure and pleasing to the taste.

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The quality of our standard brands has always been carefully maintained. "CANADIAN CLUB" in particular has a world-wide reputation as a medicinal whisky.

**HIRAM WALKER & SONS**  
**LIMITED**  
**WALKERVILLE - CANADA**

**Atrophic Rhinitis**

- R Ol. Anise  
Creosoti, aa minims 20.  
Petrolati, ounce 1.

Sig.—Introduce a small piece within nostril.—*The Therapeutic Review*.

---

**Flatulent Colic in Infants**

- R Mag. Carb., grains 40.  
Spt. Chloroformi, minims 5.  
Syr. Simplicis, drachms 2.  
Aq. Anisi, q.s. ad ounces 2.

Sig.—A teaspoonful, for a child under one year, every hour.—*The Therapeutic Review*.

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**Dandruff**

- R Alcohol, ounce  $\frac{1}{2}$ .  
Water, ounce  $\frac{1}{2}$ .  
Resorcin, grains 10.  
Castor oil, drachm 1.

Shampoo the scalp thoroughly twice a week with castile soap and apply the above lotion.—*The Medical Summary*.

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**Anger**

Anger is man's most flagrant fault. Anger is practically foolishness. Anger is not argument, neither is it an evidence of power.

Anger is usually the answer to some small displeasure and more often ends in repentance.

Getting nettled and then flying off the handle is a passion that never pays.

Anger poisons the body, queers the nerves, weakens the intellect and withers the soul.

Let a man be wrong and fail to admit it and the very first thing he will do is to get angry.

Anger is outside evidence of inside weakness.

Anger seldom, if ever, accomplishes its purpose, but always recoils, hits and hurts the man that loses his head.—*Silent Partner*.

# The Canadian Practitioner and Review

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Vol. XLIV.

TORONTO, JULY, 1919.

No. 7

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## Original Communications

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### MR. HANNA, AN APPRECIATION\*

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ADAM H. WRIGHT, B.A., M.D.

Chairman, Ontario Board of Health.

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No man of the past or present was more highly respected by the profession of this province than the Honorable William Hanna. For ten years, or a little more, he worked for hygiene and preventive medicine; for the relief of sickness and suffering, both physical and mental; and for the benefit of mankind, especially those who had gone astray.

It is difficult to describe a man such as he; but one may mention a few well-known facts. He had a big brain, highly intellectual, singularly sagacious, and keenly alert; a heart big and warm, emotional, full of love and sympathy for all, but especially for those who needed uplifting; a soul full of energy, spirit, affection, and other noble manifestations, emanating from a powerful brain and a heart of gold.

We are chiefly interested now in those things which concern his career in the Ontario Legislature. He was first elected for West Lambton in 1902, defeating a very strong candidate in a constituency which had previously given large Liberal majorities for a long time. In Parliament he soon jumped to the front, and established for himself such a reputation, that no one was surprised when Sir James Whitney made him Provincial Secretary. We are told that the department, then placed under the charge of Mr. Hanna, is in many respects, a difficult one. As Mr. W. A. Craick puts it, it is largely a clearing-house for the odds and ends of the other departments. It is generally conceded that Mr. Hanna was eminently successful in his administration.

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\*Read at the Meeting of the Canadian Public Health Association, May 29, 1919.

## PUBLIC HEALTH.

The legislation in matters pertaining to Public Health passed during his regime was admirable, and the Medical Health Act of 1912 was believed by many to be the best in the world. It was highly commended in many countries, but especially in Great Britain and the United States. A brief reference to a few points in connection therewith will now be made.

Probably the outstanding feature of this Act was the provision for the appointment of District Officers of Health, whose whole time would be occupied in the work allotted to them. However, the idea was not new, and it seems fitting to go back for a time, and give credit to some who advised similar legislation many years ago.

The Ontario Board of Health was established in 1882, Dr. Peter Bryce being Chief Officer of Health until 1904; Dr. Charles Hodgetts, 1904-10; then Dr. John McCullough. I rejoice in the fact that the excellence of the work done by these three men is generally recognized and highly appreciated, not only in this province, but throughout the whole Dominion. Dr. Bryce was (and still is, I am glad to say), full of vigor, enthusiasm and wisdom in matters pertaining to Public Health. For many years he advocated a definite scheme, which included the appointment of an Officer of Health for each county, who should receive an adequate salary, and devote his whole time to health work. In my opinion, Dr. Bryce's scheme was the best ever devised for this or any other country, but he received very little support from the Government, although its members approved in a way, but thought the public were not ready for such radical legislation. In all Dr. Bryce's endeavors to improve health matters, I think the one member of the Government who was most heartily in sympathy with him in his work was Sir Oliver Mowat.

Well, in the course of time, Mr. Hanna became Provincial Secretary. We watched him rather carefully, and soon found that he put into his work both heart and soul, which, under the direction of his wise brain, were soon able to accomplish much. He decided to wait no longer for the public to ask for improved health laws. He soon discovered what the people needed, and he decided to give it to them. It was provided in his Act that the province may be divided into ten districts, each having a whole time officer with adequate salary. At the

present time there are seven regularly organized districts under the charge of competent and painstaking officers of health.

Among the many other good features of the Act, probably none is of more interest to us than the laws affecting the Medical Officers of Health. I refer especially to two. First, the provision that no Medical Officer of Health shall be dismissed except for cause; second, a provision for an annual conference, through which was established our Ontario Health Officers Association, which has already accomplished much good, and will probably do still more in the future.

### HOSPITALS.

One of the most important sections of the Provincial Secretary's Department is that of the Hospitals for the Insane, the Epileptic and the Feeble-Minded. In these eleven hospitals there are a little over 7,000 disabled human beings cared for daily, and to do this work efficiently the services of about 1,000 officers and employees are required.

The care of this large number of invalids involves the provision of such details as clothing, shelter, food, heat, light, laundry, occupation, amusement, medical attendance in all bodily diseases and also that much more delicate and difficult administration of appropriate measures for the restoration of the mind.

Under Mr. Hanna's administration the Training Schools for Nurses were inaugurated and developed. The hospital character of the institutions was steadily accentuated, in contradistinction to the asylum of custodial character, which had been so long in the public mind. Because of Mr. Hanna's enthusiastic devotion to Prison Reforms, and the great benefits which he achieved for the criminal classes, some of his political admirers, without accurate knowledge of the facts, appeared to be anxious to publicly credit him with sweeping reforms in the hospital service, and incidentally to profit by the reflected honor; but he knew better, and strongly disapproved of such laudatory professions. Mr. Hanna knew that a change in the name from asylums to hospitals would not necessarily change the character of the institutions, or the work accomplished in them, but that the public conception of them might be changed, and in this way advantages secured, and he made it his study to see that the best people who could be found should engage in the work.



## PRISON REFORM.

Mr. Hanna took great interest in his work in connection with Prison Reform. The best that was in him came out in his efforts to assist men who had fallen. He established the Industrial Farm system, under which the convict was encouraged to work in the open air under the most favorable conditions. The system was first applied at the farm in Guelph, where Dr. Gilmour was in charge. The success attending the undertaking far exceeded the expectations of the most sanguine among the sympathetic onlookers. The gratifying results soon became known to all countries, and the "Hanna Prison System" was recognized as the best in the world. A second prison farm of 600 acres was soon established at Port Arthur. Doctors George Porter, John McCullough, George Clinton, Robert Wodehouse and I had the pleasure of visiting that farm, 12 miles out from Port Arthur, September 14th, 1913. The farm was opened June 3rd of that year, and we saw nothing like prison walls; but simply a number of fields under cultivation, a big living building, clean and well ordered, and a lot of healthy, decent-looking men working cheerfully in the open on that fine September day. We were greatly impressed (I think I can speak for us all), and filled with admiration for the man who had conceived a thing so magnificent.

We also had the pleasure of listening to an address on the "Prison Farm," delivered by Mr. Hanna in Port Arthur, on the evening of September 15th. In that admirable and inspiring speech he showed the inner side of his head and heart.

We who had the privilege of knowing him intimately, loved him quite as much as we admired him. He had a wonderful personality. He was ever bright, cheery, and companionable. There was always in and around the man a charm as irresistible as it was indescribable.

It adds much to our sadness of heart that this man, strong and vigorous, died at the age of 57, while he should have lived for at least twenty-five years longer. We take a certain amount of pride in what we call preventive medicine. Do we take enough trouble to warn the public as to the terrible dangers of over-work? I was told recently, by one who had close relationship with him, that Mr. Hanna's activities were ceaseless (that of course we all know), and that "the uninterrupted output of energy often found him conscious of over-work," and some time before the end, in speaking of holidays, he remarked that he intended soon to place in his own calendar an

"annual leave of about two months;" and yet, at a time when he himself felt that he needed a holiday, he undertook, without any charge, the gigantic and thankless task of food controller-ship.

He was much interested in the overseas career of his only son, Neill, and the news of the armistice brought great relief. His boy was safe, and would soon return to him. A few days after, this joy was changed to unspeakable grief, when the fateful message came by cable announcing the death, by accident, of Neill in Italy.

March 20th was a dark day for the members of the Ontario Legislature. The leader of the Opposition, Mr. Proudfoot, said: "In the death of Mr. Hanna, Canada has lost a great man, whose place will be hard to fill." The Premier, Sir William Hearst, said: "A good man, generous and noble, has passed from our midst;" then, after making some reference to his good work, he concluded in the following words: "A great, good, and generous patriot has gone."

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## TUMORS OF THE BLADDER

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By WARNER JONES, M.D., F.R.C.S.

In charge of Urological Department, Toronto General Hospital.

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Tumors of the bladder occur in about three per cent. of urinary diseases. They are more frequent in men than women (78% of Albarran).

In children, bladder growths are rare and are of the connective tissue variety. Secondary growths are uncommon, and usually spread from the prostate, uterus and rectum. They are most common between forty and sixty-five years.

### ETIOLOGY.

Owing to the fact that papilloma are most frequently found in the neighborhood of the ureteral orifices—it has been suggested that something in the urine may act as an irritant.

Workers in aniline dyes are said to be especially liable to papilloma of the bladder.

Thompson Walker classifies tumors of the bladder in three groups, from the pathological standpoint:

## Group 1. Epithelial.

First, Benign, a. Papilloma. Villous Tumor.

b. Adenoma.

c. Cholestromata.

2. Malignant.

a. Papillomatous.

Malignant villous growth.

Nodular growths.

b. Infiltrating.

Epithelioma.

Adeno-carcinoma.

Alveolar-carcinoma.

## Group 2. Connective Tissue New Growths

(1) Simple

a. Fibroma.

b. Myoma.

c. Angioma.

(2) Malignant.

Sarcoma	{	Spindle-celled.
		Round-celled.
		Melanotic.
		Rhabdo-myoma.
		Chondra-sarcoma.

## Group 3. Dermoid Cysts.

The connective tissue tumors and dermoid cysts are so rarely met with that I shall not take time to discuss them.

For purposes of study in the surgical section it is best to look at them chiefly from the clinical standpoint.

The villous or so-called Benign Papilloma:

## SYMPTOMS.

The most characteristic and often the only symptom is hæmaturia. It comes on suddenly, without cause, and lasts a variable time, from a day to a fortnight, and then ceases. After an interval of several months, or even a year or more, the hæmaturia returns. The periods of hæmaturia tend to become more frequent and to last longer.

The blood is intimately mixed—often there are clots—if the bleeding is profuse it is bright red in color; when moderate in amount the urine is often porter-colored. There is seldom clot retention unless the patient has obstruction at the outlet.

Pain is an uncommon symptom, but may occur with clot retention. Occasionally there may be retention of urine with spasm and pain when a pedunculated papilloma is carried by the current and becomes engaged in the outlet of the bladder.

Not infrequently there may be slight aching pain in the loin when a papilloma is situated close to and drags on the ureteral orifice.

Cystitis is uncommon and is usually the result of instrumentation. When it occurs it may lead to sloughing of portions of the tumor—to deposits of phosphates and occasionally to stone formation. Frequency is rarely present. In the majority of cases it is a symptomless hæmaturia. The average duration of life after symptoms appear has been placed at three years, but that is altogether too short. The growths may be single or multiple; they may be pedunculated, sub-sessile (short stalked), or sessile.

The most common is the sub-sessile.

#### THE COURSE.

At the commencement there is usually a single growth, but sooner or later it tends to become multiple. The villous growth is potentially malignant, and however benign they may appear to the microscope, they will ultimately take on malignant characteristics. It very frequently recurs after operation by any method—either at the original site or by implantation at some other spot in the bladder. Often after open operation there may be recurrence along the line of the bladder incision.

When recurrence takes place after operation the growths are usually multiple and sessile, and tend to creep along the surface and coalesce, often covering considerable areas.

#### LOCATION.

When there is a single growth it is most commonly situated behind and to the outer side of the ureteral orifice. When multiple, there may be small discrete growths surrounding the original growth, or they may be scattered in groups here and there in any part of the bladder, often around the bladder outlet; occasionally they invade the prostatic urethra.

#### CHARACTER.

The tumors are covered with villi or tendrils. They vary in size from a split pea to a tangerine orange. The papilloma

may remain single and increase in size; more frequently small, villous tumors appear around the parent growth, and others are scattered in groups over the rest of the bladder, and finally the cavity may be filled with papillomatous masses.

#### GROUP 2—THE MALIGNANT PAPILLOMA.

Some papillomas are malignant from start. Microscopically the malignant papilloma is similar to the benign. The villi are a little shorter, and the tumor is sessile and irregular in shape, and the surrounding mucous membrane is thickened. It may be a single tumor, but more often is multiple and frequently grows very rapidly, and the bladder becomes distended with papillomatous masses, so much so that the bladder may form a visible and palpable tumor above the pubes and may lead one to think that the bladder is distended with urine.

#### THE NODULAR GROWTH.

This is sessile and has a round or oval base. The surface is usually rough and nodular, the size often that of a walnut, usually situated on the base behind the trigone; it does not have villous processes.

#### THE INFILTRATING GROWTH.

These are epithelioma, adeno-carcinoma, or alveolar-carcinoma. They have a flat, button-like appearance and are round or oval in shape. The common type is oval, having a length from one and a half to two inches, and breadth of about an inch; the thickness half to one inch. They may be located on any part of the wall, but most commonly are single, and extend from the neighborhood of the ureteral orifice in the direction upward and outward along the anterolateral wall. The growth is relatively heavy, and causes the lateral wall to sag inwards. This, together with a loss of elasticity, due to infiltration, leads to defective filling in the distended bladder.

#### SYMPTOMS ASSOCIATED WITH MALIGNANT GROWTH.

The onset is insidious. Hæmaturia is the earliest symptom in two-thirds of the cases. At first a little blood appears at the end of micturition; this may be intermittent, but usually is persistent and gradually increasing in amount until the whole urine is stained; sometimes there may be a profuse hæmorrhage



with clots. Frequency occurs in two-thirds, and may be the initial symptom. In one-third of malignant cases spontaneous cystitis is the initial symptom.

Pain is felt along the urethra—in the suprapubic region—in the groin and along the sciatic nerve, and may require morphia for its relief. Emaciation is present in advanced cases, and may be due to the disease or to concomitant pyelonephritis.

#### DIAGNOSIS.

Here as elsewhere an early diagnosis is essential to the successful treatment of the case. Every case of hæmaturia should be looked upon as serious until it is proven otherwise. The patient with hæmaturia is exceedingly anxious about his condition and quickly seeks advice. One often wonders why in many instances these cases are treated with drugs for long periods before any local examination is advised. Every case of hæmaturia should be cystoscoped during the first attack, and while the bleeding is active, because should the blood be coming from the kidneys one is able to see from which side it is coming. With the cystoscope one can note the location, size, number and character of the growths in the bladder, and determine fairly accurately whether the case is suitable for operation, and which operation would be most convenient for the surgeon.

A chart should be made and the location of the growth or growths carefully marked thereon.

A vaginal or rectal examination should be made. In the villous type of growth this will not give any additional information, but is of importance when the growth is of the more malignant types.

Careful examination should be made for involvement of the pelvic glands and for extension of the disease beyond the bladder wall. An X-ray plate, taken with the bladder distended, with thorium-nitrate or other solution impervious to the rays, will show the outline of the bladder to be defective in cases of infiltrating tumors. This is called a "filling defect," and is due to loss of elasticity of the bladder wall, caused by infiltration.

The treatment should be operative in all cases where the patient's general condition is good, and where the local condition is such that would warrant an operation being done with reasonable hope of eradicating the disease, and that with safety to the patient. A function test of the kidneys should be made.

## CHOICE OF OPERATION.

For the villous papillomata, when small and single, or where the multiple growths are few in number and in an accessible position, and clinically are still in the benign stage, the trans-urethral method is most commonly used. They may be snared and the base cauterized by an electric wire through the operative cystoscope.

In 1910, Beer introduced the method of treating these growths in the bladder by means of the high frequency electric wire, applied through the cystoscope. Small growths, the size of the cherry, may be destroyed by one application. The larger growths require several treatments; a villous growth the size of a walnut, requiring about five treatments of five minutes each.

Fulguration by the high-frequency current causes coagulation necrosis of the growth, and the portion so destroyed sloughs. The treatments are given about once a week. The growth rapidly disappears, and at the final treatment the base is burned. There is no pain with this method until the base of the tumor is treated, and this is usually prevented by the instillation into the bladder of some local anæsthetic, four per cent. cocaine or novocaine. This method has the advantage that the patient is not confined to bed and may go about his business as usual. It is suitable and satisfactory for the villous growth, but should not be used for malignant tumors.

When the growth is destroyed and the base cauterized a depressed ulcer is left which readily heals in from two to three weeks. The patient should return at stated intervals for examination, because should recurrence take place these can readily be destroyed by one application when they are small, and one must remember that removal of the growth does not remove the tendency to formation of other growths of a similar or more malignant nature. No matter what method of operation is used, whether trans-urethral or the open operation, recurrences are frequent, and for this reason it is wise to inspect the interior of the bladder frequently.

## TREATMENT BY RADIUM.

Radium applied through the cystoscope directly to the growth has proved satisfactory for villous growths. But here also I have seen rapid and extensive multiple recurrences take place after a series, given twice weekly through the cystoscope for a period of three months.

Two cases with multiple recurrences of villous papilloma

given X-ray treatment for a period of three months failed to show improvement. One of these cases was definitely malignant, the other not malignant to the microscope. Obviously two cases are too few in number to pass judgment on the efficacy of this method of treatment.

#### THE OPEN OPERATION.

Where the villous growths are numerous and of large size and there is commencing involvement of the mucous membrane around the base, treatment by fulguration is too tedious both for the surgeon and the patient, and in such a case it is best to open the bladder suprapubically and remove the growths and an area of mucous membrane surrounding the base, or they may be clamped, cut away, and the base thoroughly burned with a red hot iron.

This may be done for any form of bladder growth, and it is the only method that offers any hope of a satisfactory result in the malignant cases.

#### PRELIMINARY PREPARATION.

When cystitis is present the bladder should be irrigated with antiseptic solution for a few days before operation. The bladder may be opened by the extra-peritoneal or trans-peritoneal method. Unless the growth be situated on the base behind the trigone, the trans-peritoneal method is unnecessary and obviously increases the danger of the operation, especially if cystitis be present. It is best not to distend the bladder with fluid, because when the bladder is opened the rush of fluid under pressure may carry out some fragments of the growth which may lead to implantation. If one accustoms oneself to perform cystotomy with the bladder empty, there is, I think, less danger of wounding the peritoneum. When the recti muscles are separated one can readily hook the forefinger over the lower folded margin of the peritoneum and retract it without much difficulty.

For the malignant growths with infiltration of the wall, resection of the bladder wall should be done, an area of bladder wall from one half to one inch surrounding the tumor should be removed. Should the growth involve the ureter, this should be divided and transplanted into an angle of the bladder wound. In those cases where the bladder is distended with rapidly growing malignant papillomatous masses, which often involve almost the whole of the lining membrane, complete cystectomy

would seem to be the radical method of procedure. Complete cystectomy is, however, a very serious operation; it has a high mortality, so much so that many surgeons consider it to be hardly justifiable.

#### COMPLETE CYSTECTOMY.

It is prolonged by reason that the ureters must be dealt with, and should never be undertaken unless the patient is in otherwise good condition; it is useless to treat such cases by opening the bladder and scooping out the papillomata masses. If one decides against cystectomy in such a case, it is frequently necessary to establish a suprapubic drainage to relieve pain caused by retention when the bladder outlet is blocked with masses of the growth.

Beer, who introduced the treatment of bladder tumors by the high frequency current, published a review of 100 cases in the *J. Am. M. Ass.*, 1917, LXVIII., 680. From the standpoint of surgical therapy, he divides tumors of the bladder into three groups.

1. Benign papillomata, including single and multiple recurrences, and papillomatosis; these, except the latter, are successfully treated by high-frequency cauterization. He has observed permanent cures for a period of six years.

2. In papillomatosis, fulguration is too tedious, and here extra-peritoneal suprapubic operation is necessary.

3. In group two are papillomata which respond poorly to high-frequency cauterization, or those which under microscope are suggestive of malignancy. Beer favors open operation in these cases and thorough cauterization of the base of the tumors. He believes that cauterization of the base is sufficient where the malignant change is superficial.

4. In group three are malignant papillary cancer and other types of infiltrating tumors. For these partial or total cystectomy must be performed.

In the *British Journal of Surgery*, October, 1916, Thomson Walker published a list of 33 cases of villous papilloma treated by high-frequency current. Seventeen of these were recurrences following open operation. One of the 17 had been operated upon three times, four had two previous operations, twelve had one operation.

He favors high-frequency treatment for benign villous papillomata, and for recurrences of these growths after open operation.

During the last five years I have seen forty-four cases of



bladder tumor. The age of these patients varied from 35 to 70 years. Of these, twenty-one were definitely malignant and infiltrating tumors, five were adeno-carcinoma, three epithelioma, and thirteen malignant papillomata. One epithelioma was situated on the base just behind the trigone and was excised by the trans-peritoneal method. Six of the malignant papillomata were treated by extra-peritoneal open operation, the growths being clamped and the bases of the growth cauterized. Two adeno-carcinoma, situated on the base and lateral wall, were excised. In one of these the ureter was involved and had to be divided, and was transplanted into the lower angle of the bladder wound.

The remainder of the malignant cases were considered inoperable. Twenty-two were villous papillomata. Of these, one was a large pedunculated growth the size of a small orange. This was removed by open operation, being too large to treat rapidly by high frequency.

Two cases of extensive multiple villous growths were opened and the growths removed and the bases cauterized. Both were followed by multiple recurrences and are now being treated by fulguration.

Eighteen cases of villous growth have been successfully treated by high-frequency cauterization. Two of these have gone five years without recurrence and the rest for shorter periods.

In four cases small papillomata the size of a raspberry were destroyed by a single treatment. The medium-sized growths had from five to seven treatments of about six minutes each. Several cases of scattered multiple papilloma have required eight to ten treatments.

In all of these cases hæmaturia was the predominant symptom, and in the benign villous growths the only symptom. In one case of adeno-carcinoma, hæmaturia was the only symptom and had been present three months. In the rest of the malignant cases, frequency and terminal pain were present.

#### CONCLUSIONS.

All cases of bladder tumor should be thoroughly investigated at the earliest possible moment.

Cystoscopic examination should determine the location and character of the growth.

Benign villous growths, when suitable, should be destroyed by the high-frequency electric current.



All cases, whether treated by high-frequency or by open operation, should return for cystoscopic examination at stated intervals, because recurrences are frequent, and these can best be treated by the high-frequency method when they are small.

When the growth is definitely malignant to the cystoscope or suspiciously malignant to the microscope, a radical operation should be done.

Those cases in which the bladder is filled with rapidly growing papillomatous masses should be dealt with by cystectomy. But, unfortunately, the records show an extraordinarily high death rate following this operation, so much so that one is forced to doubt if it is worth while. Possibly if the operation were done in two stages, with transplantation of the ureters at the first stage, one might hope for more fortunate results than those at present on record.

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### EASY

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Here's a jolly Christian Scientist—

Hear everybody scoff!

A pain was in his head, but

He simply laughed it off.

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The teacher one day told the children the story of Socrates—how wise he was, how unhappy was his married life, and how at last he poisoned himself with hemlock. When she had finished she told the children to write down the story in their own words.

She was amused to find one essay wound up triumphantly: "And Socrates died from a dose of wedlock."

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The secretary of the American Public Health Association announces that the annual meeting of this association at New Orleans, which was to have been held October 6 to 9, will be held October 27 to 30.

## Editorials

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### PUBLIC HEALTH ASSOCIATIONS

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As previously announced, the Canadian Public Health Association and the Ontario Health Officers Association held a joint congress in Toronto, May 26-28. As a matter of convenience in arranging the different sessions, the Dominion Association was given the leading position, and the proceedings of the Health Officers Association took place in what was termed "The Section of Medical Officers of Health."

The two presiding officers, Dr. Hutchison, of Westmount, for the Canadian Society, and Dr. Cruickshank, of Windsor, for the Ontario Society, conducted the proceedings, both in general sessions and in section meetings, and performed their duties admirably.

The next meeting of the Canadian Health Association will be held in Edmonton. The following officers were elected:—

President—Dr. H. E. Young, Victoria, B.C.

Vice-Presidents—Dr. J. A. Amyot, Toronto; Hon. Dr. Wm. F. Roberts, St. John, N.B.; Mrs. Colin Campbell, Winnipeg, Man.

General Secretary—Dr. R. D. Defries, University of Toronto, Toronto.

Treasurer, Dr. Fred Adams, Toronto.

Place of meeting—Edmonton, Alta.

The next meeting of the Ontario Medical Health

Officers Association will be held in Toronto. The following officers were elected:—

President—Dr. E. B. Oliver, Fort William.

1st Vice-President—Dr. Lomer, Ottawa.

2nd Vice-President—Dr. McClenahan, Hamilton.

Secretary—Dr. McCullough, Toronto.

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#### THE ONTARIO MEDICAL ASSOCIATION

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The recent meeting of the Ontario Medical Association was an excellent one in many ways. The various committees, who had in hand the work of preparation, worked faithfully and well and deserve much credit for the energy and zeal which they put into their undertakings. The garden party given by Sir John and Lady Eaton was largely attended, and was in all respects one of the most pleasant functions ever held in Toronto. The next meeting of the Association will be held either in Toronto or Niagara Falls. The following officers were elected:—

President—Dr. F. W. Marlow, Toronto.

Vice-President—Dr. J. H. Mullin, Hamilton.

Treasurer, Dr. Stewart Cameron, Peterboro.

Secretary—Dr. T. C. Routley, Toronto.

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#### THE AMERICAN MEDICAL ASSOCIATION

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The recent meeting of the American Medical Association, held in Atlantic City, June 9-13, was one of the most successful in the history of that organization. At the present time it has 80,000 members, and it is expected that the number will soon reach 100,000.

There were about 5,000 members present at this

meeting. Among those present from Canada were:—Drs. Young, W. H. B. Aikins, Jabez Elliott, F. N. G. Starr, G. W. Clendanan, C. J. Hastings, C. E. Hill, S. Johnston, A. I. Willinsky, D. J. Gibb Wishart, F. S. Minns, J. P. Mitchell, C. E. Cleaver, of Toronto; E. Bagshaw, W. Cody, Hamilton; R. H. Craig, Montreal; A. H. Mann, Alberta; T. P. Ross, Montreal; R. H. Mullin, Vancouver; W. D. Buchanan, Peterboro; T. J. Ewing, Vancouver; W. A. Ferguson, Moncton; J. V. Gallivan, Peterboro; E. S. Hicks, Brantford; T. Lauterman, Montreal; S. C. Neil, Peterboro; A. B. Sutton, Port Credit; W. J. Dobbie, Weston; H. A. Farris, St. Johns; W. B. Kendall, Gravenhurst; C. W. Waldron, Montreal.

The next meeting of the Association will be held in New Orleans.

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#### THE CANADIAN MEDICAL ASSOCIATION

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The recent meeting of this Association held in the old City of Quebec June 25th-27th was a very pleasant one, and fairly successful, although the attendance was not quite as large as was hoped for.

The following addresses were delivered at the general sessions:—Medicine, Dr. Thayer, of Baltimore; Surgery, Dr. Halpenny, Winnipeg; Public Health, Dr. McCullough, Toronto; Public Hygiene, Dr. Page, Quebec.

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#### THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION

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The annual meeting of this important Association was held in Quebec, June 26th. Dr. Powell, the able and energetic President, read the annual report,

which was endorsed, practically, without comment. The condition of things in the Association is eminently satisfactory.

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#### DRUGS FOR VENEREAL DISEASES

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We are told by the *Toronto World* that the Federal Government, in response to the request of the National Council for the Control of Venereal Diseases, has agreed to grant licenses to manufacture Salvarsan to any of the provinces making application. The same paper says the price charged in Montreal was about \$2 a dose, and as ten to fifteen treatments are necessary for a case of syphilis, people of limited means could not afford to purchase the remedy. It is, therefore, fortunate that the Provincial Government can produce it at from 35 to 50 cents a dose. The public should understand, however, that the Government will supply the drug without charge to all applicants.

We understand that the firm in Montreal offered the Ontario Provincial Board their product at 60 cents per 0.6 gramme if 3,000 doses were purchased. This would mean a cost of \$1,800, and the Board refused to consider the offer. No hospital, physician or individual can purchase in this quantity. Besides, the quotation of such a price goes to show that after deduction of profit the production price would be much lower.

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#### HEALTH OFFICERS OF THE UNITED STATES

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The seventeenth annual conference of the State and Territorial Health Associations was held in Washington, June 4th and 5th, under the presidency of Surgeon-General Blue.



## News Items

### PREVENTIVE MEDICINE

Sir Arthur Newsholme, M.D., who was for some years the Government Medical Adviser on the Local Government Board, England, paid a visit to Toronto lately, and delivered a public address under the auspices of the Academy of Medicine in the Convocation Hall of the University, June 20, Dr. Edmund King, the President of the Academy, acting as chairman. He spoke as follows:

In referring to some of the gains resulting from the war, he said the fear held by some that British manhood was decadent has been falsified. The readiness of self-sacrifice brought out by the war has led to the belief that if the same spirit is appealed to to fight against the evils of peace the same willingness can be counted on. The bonds of Empire have been cemented beyond the possibility of sundering, and the possibilities of women in taking the places of men have been demonstrated.

In connection with the last, Sir Arthur pointed to the efficiency in the ordinary routine of nursing attained by many women with comparatively little training. From the experience gained in this way, he remarked, it might well be questioned if, for the ordinary cases of illness, the complete training now in vogue is necessary. Certainly, he said, the training of the public health nurse must diverge materially from that of the clinical nurse.

In dealing with the advanced steps taken along public health lines by the Government of Great Britain, he took the stand that "the treatment of disease should be at public expense, as it is as much a community matter as primary education, free libraries, etc.," and he strongly advocated the provision of proper facilities for the care of expectant mothers and their babies as a factor necessary to the nation's wellbeing.

The great wealth and administrative ability gathered from all over the world by the Red Cross Society for war purposes should not be allowed to sink into an insignificant position now, when it could be of immense value in various channels of preventive medical research.

Sir Arthur was a delegate to the Red Cross conference, held at Cannes, France, where the subject of an International Red Cross Society for peace purposes was first brought up.

Whether such an international organization can be established remains to be seen, he says. On the afternoon of June 21 he met the local committee of the Red Cross and gave a résumé of what had taken place at the Cannes conference.

Since that conference he has been touring the United States delivering addresses upon Child Welfare at Washington, Boston, New York, Minneapolis, San Francisco, Seattle and Atlantic City.

In speaking of Child Welfare work, he thought the system in vogue in England at the present time far ahead of that in Canada or the United States. In England the National Government gives grants equal to those set aside for the purpose by the local government, and this money provides for the services of nurses, lying-in hospitals for women during confinement and hospitals for their care during convalescence. Proper and sufficient food for the infants are also provided out of these funds. Many other like exigencies are met by the fund.

Alcoholic prevention in the United States, the work of men and women, he regarded as one of the most significant social features of the age. Alcoholism was an enemy of the race, was a great creator of avoidable poverty, and helped to fill the prisons and hospitals. Let it be admitted as they liked that from light beers and wines, taken in strict moderation, little or no harm could be traced, but heavier drinks were to be condemned, and the country that distinguished itself by abolishing these drinks would hold an industrial superiority over all the countries that continued to follow the older ways.

Sir Arthur stated that they must still admit ignorance as to the cause of influenza, but that was no reason to give up the problem. A good deal had been done in the way of preventing fatal cases, and he thought they should have in every area a large nursing reserve. That was a matter which might be taken up by the Red Cross which had accomplished such admirable work during the war.

Dealing with tuberculosis, the speaker said complete success could only be obtained if they assumed responsibility for the whole course of the life of the consumptive. There was the educational aspect, and still more important the hospital treatment in emergency and advanced cases. Further, in the quiescent intervals of the disease, assistance must be forthcoming to cover the margin between the living wage and earning capacity. He also referred to the importance of diminishing infantile and maternal mortality.

### VIVISECTION IN GREAT BRITAIN

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At the last meeting of the British Medical Association, Sir William Osler moved the following resolution on vivisection, which was unanimously adopted:

"The anatomical structure and omnivorous habit of the dog, together with the fact that it can be kept in health and comfort under the conditions imposed by laboratory work, render the larger sort the only available subject for experiment in important fields of physiological and pathological investigation. The prohibition of experiments on dogs would, in the opinion of this meeting, have the deplorable result of hampering the progress of medicine and of rendering Britain alone, among the civilized nations of the world, unable to contribute to progress in a department of medical research in which it has hitherto played a distinguished part."

Sir William said if there was one thing more than another for which as a profession they were thankful it was that medical progress came through experiment. He yielded to no one in love for the dog, but he loved him not less because he loved his fellowmen more.

Col. C. J. Martin, in seconding the resolution, said the proposed legislation was probably due to want of appreciation of what these experiments had done in the acquisition of knowledge, and a misapprehension of what was done in the laboratory. It was not reasonable to make dangerous experiments upon man.

The kind of dog that found his way into the physiological laboratory really had no friends outside, and in the laboratory he was safeguarded by legislation; in 95 per cent. of cases experiments were carried out under complete anæsthesia and the animal was not allowed to recover.

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### UNIVERSITY OF TORONTO

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Announcement was made, June 6, by President Sir Robert Falconer, in the course of the commencement proceedings at Convocation Hall, of a bequest amounting to \$50,000, made by the late Dr. Julius Mickle of London, England, a former graduate of the University of Toronto, and famous as a physician throughout Britain.

The bequest is in the form of two fellowships, one the Charles Mickle fellowship in honor of the donor's father, the

other the Ellen Mickle fellowship, in honor of his mother. The former, which will consist of the proceeds of \$25,000, is to be awarded to the person who, during the preceding ten years, had done most to promote the sound practice of medicine, and will be open to all the world. This fact, Sir Robert pointed out, laid a great weight of responsibility upon the shoulders of the University, as it lay with that institution to decide who the recipient should be. The other fellowship will be awarded to the student in the University, who passed highest in his or her third and fourth year, and who would go on to take a post-graduate course.

#### McCRAE SCHOLARSHIPS.

The sum of \$10,000 has also been given to the University from an unknown donor through Mrs. McCrae Kilgour of Brandon, Manitoba, to perpetuate the memory of her brother, the late Col. John McCrae, who was both a B.A. and M.D. of the University of Toronto. This will be used for the establishment of two scholarships, to be given alternate years to a student from Guelph Collegiate Institute, or failing a candidate, to a student from this or any other institute, who shall proceed to the University to take the degree of Bachelor of Arts.

It was also announced that the residue of the estate of the late Dr. Richard Reeve had been willed to the University. The amount of this is as yet unknown. Mention was made of the endowment of \$500,000, given by Sir John and Lady Eaton, for a chair in the Department of Medicine, and of the appointment of Dr. Duncan Graham to this chair.

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#### THE HEALTH OFFICER OF HAMILTON

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As reported in our issue for April, the Board of Control decided to increase the salary of the M.O.H. from \$3,000 to \$3,500. The Council refused to ratify this and decided on \$3,200. An appeal was made to the County Judge in accordance with the Public Health Act.

Judge Gauld gave his decision on or about June 4. We extract from the written judgment as follows:

"The judge, after quoting the section of the Public Health Act under which the application by the M.O.H. was made,



reviews the evidence of the plaintiff, Dr. James W. Edgar and Dr. Davey. The latter well known physicians both considered the salary as at present quite insufficient for the office. The evidence of Ald. Atchison, Davis, Book, Stamp, Burton, McIntosh, Gurry, Gleadow, Newlands and Tope is also quoted, and summed up as follows: "The only evidence before me as to what would be a fair and reasonable salary to pay at the present time was that of Dr. Edgar and Dr. Davey. The city contented itself with having ten of the aldermen express their reasons as above set forth, but refrained from giving any proper evidence as to what would be a fair and reasonable salary. Legislature has placed in the hands of the county judge the fixing of the salary to be paid the M.O.H. Comparing the salaries paid in the cities of Brantford, London, Ottawa and Toronto to the medical health officers there, and considering the conditions between such cities and a large manufacturing city as Hamilton essentially is, and having regard to the especial importance of proper supervision and inspection of the circumstances under which the majority of the workers live—so far as health and sanitation are concerned; the official whose duties require him to be responsible for maintaining a standard of conditions so vital to the community should receive a stipend of five thousand dollars per annum, and I therefore make an order allowing Dr. Roberts' claim, and I fix the amount payable to him as salary under section 39 of the Public Health Act, at \$5,000 per annum. (Sgd.) John G. Gauld, Judge, County Court."

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#### COLLEGE OF PHYSICIANS AND SURGEONS

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The following have passed the College of Physicians and Surgeons of Ontario spring examinations, 1919: Lawrence Noble Armstrong, Kingston, Ont.; Frederic Judson Bell, 53 Highview Crescent, Toronto; Helen Young Bell, 670 Oxford Street, London, Ont.; Charles Ernest Bond, 18 Lansdowne Avenue, Galt, Ont.; Lionel George Brayley, 458 Spadina Avenue, Toronto; Arthur Harold Brown, Hospital for Insane, Mimico, Ont.; Munford Harold Bunt, Collingwood, Ont.; Allan James Butler, 619 Huron Street, Toronto; Edmund Allan Carleton, Roslin, Ont.; Albyn Alphonsus Cauley, Barracks Military Hospital, Montreal, Que.; Gordon Stuart Claney, Newburg, Ont.; William Duncan Cornwall, 369 Wellesley Street, Toronto; Mary



Logan Cowan, Scaforth, Ont.; Hugh Gordon Hylvestra Cummins, Bridgetown, Barbados; Clifford John Devins, Thornbury, Ont.; Vernon Booth Dowler, 69 Breadalbane Street, Toronto; Joseph Murray Doyle, Neola, Iowa; William Albert Elgie, 53 St. Joseph Street, Chatham, Ont.; Charles Howit Elliott, 362 Brock Street, Kingston, Ont.; David Esser, 107 McCaul Street, Toronto; Farquhart Campbell Ferguson, R.R. No. 6, St. Thomas, Ont.; Norman Fould, Bowmanville, Ont.; Fred de Furlong Free, Campbellford, Ont.; Clifford Davey Gallagher, 398 Albert Street, Kingston, Ont.; Egbert Gardiner, 541 Dundas Street, London, Ont.; Arthur Melville Goulding, Dentonia Park, East Toronto; James Swift Hanley, 81 Wellington Street, Kingston, Ont.; Lloyd Manhard Hanna, Lyn, Ont.; William Lorne Higginson, Inkerman, Ont.; Charles Leon Houghton, Ingersoll, Ont.; Robert Albert Johnston, 2 Carrothers Avenue, London, Ont.; Newton William Kaiser, Medical Department, Western University, London, Ont.; C. Irma M. Kennedy, Wingham, Ont.; Marion Grant Kerr, 687 Lansdowne Avenue, Toronto; Elizabeth Lynd Kiteley, Bradford, Ont.; George Frederick Laing, 6 Wyandotte Street West, Windsor, Ont.; James Robert Laing, City Hospital, Hamilton, Ont.; Frederick Sylvester Lazenby, 20 Salem Ave., Toronto; Gerald Joseph Lunz, Drayton, Ont.; Millard Thomas MacAvelia, 384 Brock Street, Kingston, Ont.; Beetha Vivien Marvin, Bayside Parsonage, Belleville, Ont.; John Russell Miller, Iroquois, Ont.; Victor Henry Kingsley Moorhouse, 40 Pleasant Boulevard, Toronto; William Henry Wallace Morrison, 9 Bruce Street, London, Ont.; Helen Mand Muir, 27 Tyndall Avenue, Toronto; Thomas Francis Murray, 373 Maitland Street, London, Ont.; Norman Dobson McLeod, 79 Douglas Street, Orillia, Ont.; Lucy Grace Neelands, Forest, Ont.; Charles Augustus Palmer, St. Ann's Bay, Jamaica, B.W.I.; Russell Stephen Paterson, Blantyre, Ont.; Leon A. Pequegnat, Kitchener, Ont.; Stanley Henry Perkins, 344 King Street W., Brockville, Ont.; Edward Henry Peterson, Hornepayne, Ont.; Leonard Wilfrid Pritchett, 153 Wharncliffe Road, London, Ont.; Edward Wellesley Reece, Georgetown, British Guiana; Earle Macleth Watson, 373 Central Avenue, London, Ont.; William Austin Werden, Mimico, Ont.; Harcourt Irvine Wiley, Dresden, Ont.; Charles Morrow Wortman, 546 Dundas Street, London, Ont.; Cecil Oswald Young, 101 Bedford Road, Toronto; Willard Jarvis Henry, Markdale, Ont.; Peter Reid, 207 Empire State Building, Spokane, Wash.

## Personals

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Dr. Forbes Godfrey, M.P.P., of Mimico, returned to his home after a motor trip through the Adirondacks, June 16.

Dr. (Col.) Perry Goldsmith, of Toronto, has been appointed a Commander of the Order of the British Empire.

Dr. Vaux, of Toronto, sailed for England, June 22.

Dr. (Captain) Oliver Mabey, of Toronto, returned from overseas June 19.

Dr. D. King Smith has given up his military work and resumed practice at 22 Wellesley Street, Toronto, and will, as formerly, confine his work to diseases of the skin.

Dr. J. C. Connell, Dean of the Faculty of Medicine, Queen's University, was elected President of the Dominion Medical Council at the meeting recently held at Ottawa.

Dr. (Lt.-Col.) Cooper Cole, of Toronto, has been appointed O. C. Military Hospital at Whitby, and also a Commander of the Order of the British Empire.

Dr. E. T. Adams, of Toronto, who served in France with the Sanitary Corps of the Canadian army for more than two years, has been appointed Medical Officer of Health for Windsor district, a position recently created by special Act of the Legislature. His salary will be \$4,000 for the first year.

Dr. Ernest F. Barker, Professor of Physics at the Western University for four years, has been appointed a member of a Research Board at Washington, which will promote research in physics and chemistry.

Lieut.-Col. F. McKelvey Bell, Ottawa, Ont., Director of Medical Services for the Canadian Department of Soldiers' Civil Re-establishment, has resigned. He states in his letter of resignation that the medical branch of this department has been made secondary in importance to almost every other branch in the organization, and that many important recommendations he made have never been acceded to. Lieut.-Colonel Bell was in charge of the medical services at Halifax at the time disaster overwhelmed that city.

## Obituary

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### ARTHUR D. SINCLAIR, M.D.

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Dr. A. D. Sinclair, of 290 Danforth Ave., Toronto, died of pneumonia, May 25, aged 36. He was a son of the late Dr. Sinclair of St. Mary's. He commenced practice in Toronto in 1911.

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### J. D. HELMCKEN, M.D.

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The Province of British Columbia has lost one of her most prominent and popular physicians through the sudden death of Dr. J. D. Helmcken, of Victoria, which occurred April 2nd. He was sixty-one years of age and had practised in his native town, Victoria, for thirty-four years.

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### MELVILLE H. LITTLE, M.D.

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Dr. M. H. Little was born in Trenton, Ont., and graduated from University of Toronto in 1916. He went overseas early in 1917, and was resident for a time in Moore Barracks, Shorncliffe. Went to France in 1918 and was mortally wounded while going to a fallen soldier, and died at No. 4 Clearing Station October 30, 1918, aged 25.

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### DR. JAMES MOON SALMON

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Dr. J. M. Salmon, of Simcoe, died at his home June 17th, in his ninety-sixth year, having completed his ninety-fifth year February 14th. He received his license to practise from the Medical Board of Upper Canada in April, 1847, *i.e.*, seventy-two years ago. The members of the Board present during his examination were Drs. Widmer, Hornby, Herrick, Nicol, Ham-

ilton, Beaumont, Gwynne and Telfer. At this examination three passed, two were rejected. He was a grandson of Col. Salmon, a contemporary of Col. Talbot, son of Rev. Dr. Salmon, and nephew of Judge Salmon, the first judge of the County of Norfolk. Mrs. Salmon, to whom he was married more than sixty years ago, survives.

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LOUIS EDOUARD DESJARDINS, M.D.

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Dr. Desjardins, the oldest professor in Laval University, and one of the most highly-respected physicians in the Province of Quebec, died March 2nd, aged 82.

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We have to announce with regret the death of Mrs. Price Brown, aged 69, which occurred after a severe and painful illness, at the Western Hospital, Toronto, June 15th. She was the wife of Dr. Price Brown, formerly of Toronto, and the daughter of the late Col. G. S. Jennings, U.S.A. A funeral service was held at the residence of her son, F. Erichsen Brown, 106 South Drive, Toronto, after which the remains were removed for interment at the Evergreen Cemetery, Lynedoch, Ont.

## Book Reviews

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*Neoplastic Diseases.* A text-book on Tumors. By JAMES EWING, M.D., Sc.D., Professor of Pathology at Cornell University Medical College, New York City. Octavo of 1027 pages with 479 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, \$10.00 net.

This book presents an exceptionally detailed study of tumors. The writer criticizes the general tendency to divide tumors rigidly into a few main classifications, and instead of such a treatment of the subject, he gives us in this volume "an effort to present tumors as specific diseases." He has incorporated into this work most extensive references on the subject, and unquestionably the book will be of very great service to any one who has to deal with the treatment of tumors.

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*An Introduction to Neurology.* By C. JUDSON HERRICK, Ph.D., Professor of Neurology in the University of Chicago. Second edition, reset, 12mo. of 394 pages, 140 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.00 net.

The anatomy of the nervous system is ever changing as new centres, tracts and paths are discovered. Hence it is essential for one who is specializing on nervous diseases to keep at all times up-to-date in one's anatomical knowledge. This is by no means easy owing to the wide range of special literature on the subject.

In his "Introduction to Neurology," Professor Herrick has endeavored successfully to meet this necessity. The book, of course, is essentially one for the specialist, as so much minute anatomical data are of little value to the general practitioner. It is well adapted for its purpose, the text being clearly written and illustrated by numerous diagrams and plates.



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## Selected Article

### NON-SPECIFIC POSTERIOR COLUMN LESIONS\*

By OTTO G. FREYERMUTH, M.D., San Francisco, Cal.

In discussing lesions of the posterior columns of the spinal cord, one is too prone to consider the diagnosis of tabes with its luetic involvement. It is the object of this paper to illustrate this too common error as made by the general practitioner.

Briefly stated, the spinal cord is composed of various nerve tracts. The descending—with the exception of Löwenthal's tract—are motor in function; the ascending are sensory. The arrangement of the tracts surrounding the central gray matter is quite uniform, though the demarcation of the several tracts is arbitrary and indistinct since the fibres of the contiguous tracts intermingle somewhat.

Likewise, the vascular system of the cord is divided, generally speaking, into three sections—(1) the superficial area comprising most of the white matter, supplied by the centripetal group of arteries and formed by the anterior and the posterior spinal arteries; (2) the central area comprising most of the gray and fragments of white matter, supplied by the centrifugal group of arteries and formed from the anterior spinal artery; (3) the intermediate area formed of those areas of gray and white matter not heretofore included and which are supplied by branches from both the anterior and the posterior spinal arteries. We may further grossly delineate the cord into a posterior area of only white matter and supplied by the posterior spinal artery and an anterior area comprising both white and gray matter and supplied by the anterior spinal artery. It is interesting to note the arrangement of the posterior branches as they leave the mother stem and penetrate the substance of the cord at a nearly right angle—making a sharp curve which obviously contributes to the vascular disturbances and the resulting neuropathology.

There is as yet no definite evidence as to how much sensation—pain and tactile—is conducted by the columns of Goll and Burdach nor how they relatively compare with the spinothalamic tracts in such conduction; all such impulses are conducted

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\*Read before Section Nervous and Mental Diseases, Chicago, June, 1918.

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exclusively by these columns while the spinothalamic tract alone is presumed to transmit thermic impulses. In addition to the conduction of pain and touch impulses, the posterior median columns, in common with the posterior spinocerebellar columns, transmit joint and muscular sense whereby coördinate action is maintained.\*

Diffuse lesions of the spinal cord result in a more or less extensive myelitis. I do not believe that myelitis is ever primary. Lesions may be either extramedullary or intramedullary, producing symptoms which are either of slow or of rapid onset. When of slow onset, a neoplasm or a gradually extending ischemia due to arterial occlusion is the disturbing factor, while a hæmorrhage, an embolus or a thrombosis produce symptoms of a rapid occurrence. An autochthonous coagulation of the spinal arteries is indeed rare. Neoplasms of the various type are more frequent. Vascular disturbances will be considered presently.

The location of the cord lesion determines characteristic symptoms, the detailed description of which is familiar to the neurologist. Grossly speaking, lesions in the anterior cord produce motor symptoms, while those of the posterior cord result in sensory phenomena. The anterior spinal artery when involved invariably effects the anterior gray matter resulting in immediate loss of function of more or less intensity. The posterior arteries however attack the posterior white matter—the columns of Goll, of Burdach and the direct cerebellar tracts. Gower's tract often escapes, preserving the spinothalamic tract and thus maintaining more or less sensory conduction.

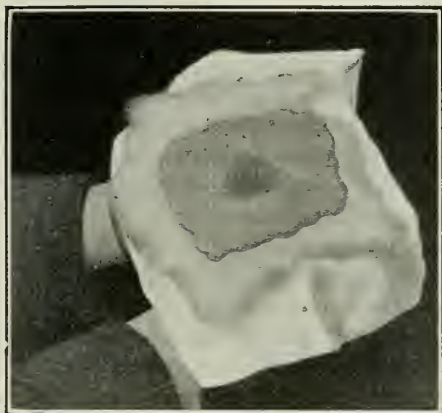
It is to these posterior columns that attention is directed. The pathology of *tabes dorsalis* involves the posterior root system—the posterior columns, the posterior root and its ganglion, the tract degeneration resulting secondary to the root involvement—the result of luetic infection. In degeneration of the columns due to lesions per se, the posterior roots are not involved unless by extension of the existing lesion. Various pathological processes may involve the posterior columns; this paper will confine itself to vascular lesions, of which hæmorrhage is the most frequent, embolism very rare and thrombosis exceedingly infrequent. It is not essential to dwell upon detailed statistics. *Hæmatomyelia* fortunately is uncommon, quite a contrast to the comparatively frequent hæmorrhages of cerebral situation. Of those that do occur, however, 90 per cent. are attributed to traumatism as the exciting agent. Such trauma-

\*See Jelliffe and White, *Diseases of Nervous System*, 2nd edition.



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tism may result from obstetrical manipulation, convulsions, certain forcible body twists, jars, during cataleptic attacks, etc., 10 per cent. are due to predisposing hæmatogenous conditions, such as may be found in typhoid, morbus maculosus Werlhoffi, diphtheria, certain debilitating diseases and anæmia—secondary and pernicious. Spontaneous hæmatomyelia may be an exception. The gray substance of the cord is usually the seat of the lesion.

Pernicious or very severe secondary anæmia invariably involve the posterior white substance, the gray matter rarely being impinged upon. Just why this condition should be so problematical. Cannot it be due to the physical condition of the artery in leaving the parent stem and penetrating the white matter at a right angle, thereby producing a weakness in its wall which may result from the anæmic condition? Or is it due to toxic action concomitant with the morphological blood conditions? If this hypothesis is accepted, then why should not the capsular arteries be the point of election? These are problems yet to be solved and no doubt with the improvement of laboratory technique these obscurities will gradually though certainly disappear.

Of the vascular changes affecting the posterior columns, embolism, thrombosis and autochthonous occlusion should only be considered when the diagnosis of hæmorrhage cannot be determined.

The symptoms of hæmorrhage into the posterior columns—excepting the rapid onset—are very akin to those of tabes dorsalis; should the pyramidal tracts be encroached upon, symptoms of combined sclerosis would follow.

The case here presented will illustrate the subject of this paper:

CASE 2561. F. P., male; age 39; married; occupation traffic clerk.

*Complaint.*—Unable to walk. Mental confusion.

*Family History.*—Aside from the statement that the father died at 52 from diabetes, nothing of the paternal side of the family is ascertainable. The mother died as the result of a Cæsarean section—the patient was the babe—nothing more is learned of the mother's family.

There were no brothers. A half sister of whom he knows nothing is the only kin he has. His wife is a rather frail woman though apparently healthy, with a clear history of no



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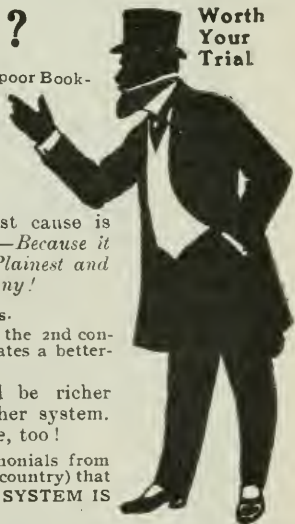
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abortions or miscarriages. Has one son aged nine who likewise is underdeveloped though not an invalid.

*Past History.*—Born in Massachusetts. As an infant was a sickly babe, illy nourished and marasmic. Later he developed most of the diseases incident to childhood—rubeola, pertussis, parotitis, scarlatina, varicella and more or less gastro-intestinal disturbance. When 10 years old, he was severely burned on the side, the scar of which he still distinctly shows. At 14, he was bitten by a dog, from the effects of which he suffered over a year; at this time some kind of a serum treatment was administered for his condition. Immediately following this treatment, a blood dyscrasia developed as evidenced by a furunculosis which remained with him with more or less exacerbation till the present. From his youth to the present he had never been sufficiently ill to confine him to bed, though he had not at any time been real well. His appetite was always good; the urinary organs functionated quite normally but the bowels remained persistently obstinate. Slept well but seldom was refreshed after a night's slumber. Any sustained effort was not tolerated on account of the fatigue which developed upon any effort. His memory was good and mind always seemed clear.

*Present History.*—About seven months ago while at his work, he suddenly "blew up," as he states it. He became nervous, irritable and unable to adequately perform his duties. His physician gave him electrical treatments. After two months following a treatment, he suddenly became "shocked," as he terms it, by an overcharge(?) of electricity, for his both upper limbs became numb, succeeded in a few days by numbness in the lower extremities. This remained but a short time and disappeared, leaving the lower extremities weaker than before. He continued in this condition till two months ago (five months after the onset), when he suddenly lost control of his lower limbs and could not walk or stand. There was no change in the urinary condition nor of the bowels. He had no pains nor constricting paræsthesia. In a few weeks he was sent to a hospital in San Francisco for treatment and observation, where he remained for five weeks, when symptoms of mental confusion developed. He was then sent to the detention hospital with the diagnosis of locomotor ataxia and insanity. It was at this time that I first saw the patient.

He was mentally confused—disoriented as to time and place, so much so that it was impossible to proceed with the history and the subjective symptoms till a few days later, he having in the interim been removed to a hospital for observa-





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tion. His complexion indicated a pronounced blood impoverishment; the skin was sallow and of a murky color pitted profusely with furuncle cicatrices. Apparent age about 50 years; weight 126 lbs.; height 5 ft. 11 inches; chest expansion 36 to 37½ inches; the skin lay in loose folds over the flabby muscles. The thenar eminences as well as the peronei muscles were noticeably atrophied. Eyes gray; hair gray; facies apathetic. The spine was slightly forward bent.

The heart slightly enlarged with a definite systolic murmur heard most distinctly at the tricuspid area. The lungs were quite normal as to area and sounds, though the respirations were rather shallow. The stomach was rather distended; the intestines tympanitic on the right, dull on the left. Liver, spleen, kidneys, bladder and prostate seemed normal on percussion and palpation. There was no arterio-sclerosis nor atheroma. Pulse 68; temperature 97; respirations 20. Blood pressure—systolic 98; diastolic 62; pulse pressure 36.

*Sensory Tests.*—To cotton wool and to thermic, he was normal in all segments. To pin prick, he was normal down to the 12 D segment and for the remainder of the segments very much diminished, on both sides. Both tendo Achilles and testicles were sensitive to pressure. No pronounced tremor in either upper or lower extremities. Pallæsthesia and topognosis were present in the upper but much diminished in the lower limbs. The deep joint and muscle sense present in upper, absent in lower; stereognosis somewhat affected in the lower; diadokokinesia present in upper and lower.

*Coördination tests* were defective in the upper, impossible in the lower. Electrical reactions not involved.

*Motor.*—The muscles are flabby and atrophied, possibly from disuse—the skin lying over the muscles and subcutaneous bone in loose folds. The muscles were likewise pronouncedly hypotonic, more so in the lower. There was a fair amount of strength in the fingers and wrists, a little less in the remaining portion of the upper extremities and the trunk muscles, while the thighs, legs, feet and toes were very weak—in fact movements of these areas were executed with difficulty.

*Reflexes.*—The triceps, biceps, supinator longus, wrist, finger bogen, cervical sympathetic, corneal, are normal on both sides; the chin normal; the epigastric, abdominal and hypogastric quite diminished on both sides; the cremasteric both absent; both patellars pronouncedly increased; patellar clonus present on the right, a trace on the left; the ankle jerk and



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clonus absent on both sides. The plantar reflexes to Babinski, Oppenheim, Chaddock and Gordon are down, viz., normal.

*Cranial Nerves.*—1st, smell normal both sides; no anosmia or parosmia.

2nd, vision 20/20; the range as temporal, superior, nasal and inferior fields unaffected; color range for red and green normal; both discs are distinct and vessels clear; the fundus aside from unusual paleness, is normal.

3rd, 4th and 6th, no nystagmus in either eye; movements are sustained; pupils are equal, central but a trifle irregular; reaction to light in both is regular and rapid, direct and consensual; on convergence they react likewise. There is no diplopia. The general appearance of the eyes is dull with expressions of fatigue.

5th, motor somewhat weak, taste is accurate; teeth are poor—many cavities and evidences of pyorrhœa.

7th, face is symmetrical and all muscle movements are intact, though a little weak; no involvement of taste or hearing. The facial expression is rather apathetic. 8th, range on right is 1/12, on left 1/6. Rinne and Weber normal.

9th, pharyngeal muscle movements are normal; pharynx is pale; swallowing unaffected.

10th and 11th normal.

12th, tongue clean, somewhat pale, protrudes without deviation; pronounced tremor.

*Abnormal Movements.*—Not able to walk; lower limbs movable but ataxic.

*Witness.*—Uncertain in some respects; as a whole, however, a fair history is obtained at different interviews and with assistance of his wife.

*Cerebration.*—Not clear; at times confused with interspersions of hallucinations, illusions and delusions. A definite hypnasia (delayed thought).

*Speech.*—A noticeable hesitancy, suggesting an impediment. Tendency toward dysarthria. There is no scanning.

*Laboratory Findings.*—Blood, Wassermann and Noguchi are negative. Leucocytes 5,000; erythrocytes, 2,500,000; hemoglobin 65 per cent.; color index, 1.3. Differential. Polymorphonuclears, 56 per cent.; large lymphocytes, 8 per cent.; small lymphocytes, 32 per cent.; large mononuclears, 3 per cent.; eosinophiles 0 per cent.; mast cells, 1 per cent.; myelocytes, 0 per cent. There are numerous poikilocytes; a few megaloblasts and microcytes; several stippled cells. Spinal fluid. Pressure

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slightly diminished; is clear; negative Wassermann and Noguelli; colloidal gold, negative; globulin, negative; cell count 11.

Albumin present due to large amount of pus, indicating an existing cystitis; indican in excess; no casts or renal epithelium; sugar absent.

*Diagnosis.*—Hæmorrhage into the posterior columns of the cord at the 12th D segment, involving the lumbar and upper sacral segments; anaemia, in all probability secondary, developing into the pernicious type.

*Prognosis.*—Guarded. Improvement in the blood and of the paralytic condition will undoubtedly occur under intensive treatment, but there is always the tendency for recurrence of the hæmorrhage.

*Treatment.*—Intensive constructive medication, preferably the intravenous method. Cacodylate of iron and of soda; the calcium salts; mild laxative. Educational exercises should be daily encouraged.

*Remarks.*—This case illustrates how readily posterior column lesions may be mistaken for posterior root and column lesions of tabes. Even without the serological report, the sudden appearance of the symptoms, the absence of the insidious root pains, the sensory findings and the condition of the deep reflexes should be the guiding data directing the attention to the posterior columns.—*The Journal of Nervous and Mental Diseases.*

### Doctor's Iron Rule

Drastic control over his flu. patients is being exercised by a doctor who claims that his iron rule gives the highest humanly possible percentage of complete recoveries. When the main attack is repulsed and the invalid declares he must get back to business the doctor orders a week at home, with an ultimatum which secures instant surrender. "If you go out now you'll get pneumonia. You will die and I shall refuse to give a death certificate. There will be an inquest, with the verdict, 'Suicide,' for I shall say you must have been mad—temporarily insane—to have defied my plain warning."—*Medical Press.*

Speaking of the High Cost of Living, the backyard garden, and similar topics, why doesn't some country doctor start raising drugs in his backyard and tell the rest of the profession about it? How pleasant it would be to tap a tree for the daily supply of salvarsan, or pluck our aspirine tablets from a bush!

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## Miscellaneous

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### Autumnal Ailments

The autumn months constitute the season during which the average practising physician is called upon to treat the following conditions: 1. Typhoid fever, which is, more often than not, contracted at some unhygienic summer resort. The patient may return home during the first week or so, with headache, malaise, etc., or the premonitory or primary symptoms may appear after reaching home. 2. Malarial infection, in certain sections, which is more than usually rife in the spring and fall seasons. 3. The after results of the gastro-intestinal disorders of infants and young children, due to improper feeding, etc., during the heated term. In almost every instance, when the acute symptoms have subsided, a condition of anæmia and general devitalization is the final result that constitutes the essential indication for treatment. In convalescence from all forms of illness resulting in general debility, Pepto-Mangan (Gude) is the one ideal tonic and reconstructive. It not only revitalizes the blood, but also tones up every physiologic function. It stimulates the appetite, improves the absorptive capacity, increases energy and ambition and restores the blood to its normal condition. It is, thus, a general tonic and reconstructuent of marked and certain value.

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### Making Himself at Home

Doris was radiant over a recent addition to the family and rushed out of the house to tell the news to a passing neighbor.

"Oh, you don't know what we've got upstairs," she said.

"What is it?" the neighbor asked.

"A new baby brother," said Doris, and she settled back on her heels and clasped her hands to watch the effect of her announcement.

"You don't say so!" the neighbor exclaimed. "Is he going to stay?"

"I think so," said Doris. "He's got his things off."—*New York Times*.

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**OBJECTS**—Defends its members against cases of alleged malpractice. Annual fee three dollars, half rates from July 1st. Qualifications for membership: All members of the Canadian Medical Association in good standing, may be enrolled upon the payment of the annual fee. All other regularly qualified practitioners may join by having their application approved by any two members of the Canadian Medical Protective Association.

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 116 Nepean Street, Ottawa

### Marital Incompatibility

A lady of the sensitive, clinging, wayward, day-dreaming type is married to a cold, clever, conscientious, hard-working man of business. It is not surprising that the two do not always hit it off together—that there have been scenes and estrangements threatening to end in separation. The doctor is, perhaps more often consulted in such cases than the divine, and if he has a reasonable insight into the workings of the human mind he may sometimes help to heal the breach.

This lady appears to be on the right track, for in a recent letter she writes:—"I had best say I am sorry without further ado. I am lucky still to have him. One of these days I may wake up to find myself alone, and it won't be much good being sorry then! I'd better set about being sorry now. I know if he died I should be just as silly as any other woman, and build a halo round him and worship at his shrine, and forget his faults, so I might as well do the sensible thing and begin at once instead of waiting!" "There is something to be said for this point of view."  
—*The Medical Press*.

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"Most hopeful of all is the changed heart of the people. At last the sinner is to receive Christian treatment. Above the mantelpiece of his library hung what the founder of my old school, the Rev. W. A. Johnson (Trinity College School, near Toronto), used to call the Magna Charta of humanity. In the centre of the most dramatic scene in the Gospels stood the woman taken in adultery. About her thronged the Scribes and Pharisees, with eyes turned from her to the Christ, stooping as he wrote with his finger on the ground the watchwords of the New Dispensation: 'He that is without sin among you, let him first cast a stone at her.' I should like to see a copy of this picture in every one of the new clinics in testimony that we have at last reached the full meaning of the priceless message, 'Neither do I condemn thee; go, sin no more.'"  
—*Sir Wm. Osler*.

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Hostess—Can't find your partner? What's her name?

"I can't remember her name, but she's slightly knock-kneed and has a mole in the small of her back."—*Life*.

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## Original Communications

### SOME PROBLEMS OF PREVENTIVE MEDICINE OF THE IMMEDIATE FUTURE\*

By ARTHUR NEWSHOLME, M.D., K.C.B.

The great war has changed our outlook on social, including medical, problems; and has made all of us consider anxiously in the midst of the terrible wreckage from war, what useful lessons may be garnered for our future guidance. In speaking of losses, I am not referring to financial burdens, though these are fabulously high—the bare statement that our national debt has increased from 645 to near 8,000 millions sterling, brings this home—and we shall, most of us, go relatively poor for the rest of our lives and our children likewise. Nothing but the most effective and scientific use of our energies on the part of workers of every class can save us from protracted poverty.

I am thinking rather, however, of the losses of life and limb, of hearing and eyesight, and of reason, which have been experienced—one or other—in nearly every other family in the British Empire, and which show once more the wantonness of war; how cheaply life is held by it, how careless it is of the individual; and how disregardful it is of human promise and performance.

The destruction of over 700,000 lives of sharers in our common Empire, killed in battle or dead from wounds, represents an imperial loss, a destruction of the real capital of the Empire—its manhood—and of the flower of that manhood from which generations will come and go before the Empire recovers completely.

But we can set out some great gains from war.

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\*An Address to the Academy of Medicine, Toronto, June 20th, 1919.

(1) Not the least of these is the fact that the fears entertained by the more pessimistic that we had become enervated and decadent have been falsified on many a stricken field; and not less in the strenuous work of those who have worked away from the battlefield. Our men and many women also have shown themselves willing to give their lives for great impersonal ends. Their lives have been sacrificed—for our children, for liberty, for peace, for security against military barbarism, and for high ideals of life. The emergence of such a high proportion of our total population from selfishness and self-centred life to a sacrificial position, raises hope that rightly directed appeal to the collective self of the community during peace time against the horrors of peace—especially those caused by disease—will also be successful in bringing in aid the assistance of the majority of the population and thus removing the vast mass of removable disease and disablement which now prevails.

(2) The war has knitted together in active comradeship the Old Country and its younger and more energetic children in the Dominion of Canada and in other parts of the British Empire, in bonds of mutual indebtedness and gratitude and in admiration of great deeds, in a manner and to an extent which must for ever preclude misunderstanding or separation.

In these two respects especially—and in others which I shall dwell on more fully—we can, as Wordsworth put it, when commenting on the wars of the French Revolutionary period:

Though doomed to go in company with Pain,  
And Fear and Bloodshed, miserable train!

(We) Turn our necessity to glorious gain.

(3) The war has revealed to us the great extent to which women in emergencies can replace men. I need not repeat the story of how women in a few months mastered mechanical intricacies in munition works, for which previously a long training was thought necessary; nor how educated women after a few months' intensive training were able, under war conditions, to undertake the work of fully trained nurses. We cannot ignore these facts; and in regard to nursing, they should lead us to consider whether, under modern conditions of life, it is necessary that the great body of nurses, like the great majority of medical practitioners, need to be experts in major operations, and whether they should not be trained chiefly from the standpoint of the ordinary illnesses of the household. Particularly, it is important to recognize that the training of the health visitor



or public health nurse must diverge at an early period of training from that of the clinical nurse.

In another direction women are about to influence vitally the problems of public health in the near future. The municipal and parliamentary vote has been given in England, and is not likely long to be withheld here. How will they use it? When they use it will "politics" be a name for a contemptible thing as it has become in some towns and states, or will women insist on clean administration and efficient work to secure the health and welfare of the community.

(4) The prohibition law against alcoholic drinks in the U.S.A. is largely the work of American women. Whatever view be taken of this law—and I regard it as one of the most significant social events of the age—let there be no doubt as to the essential facts of the problem.

Alcoholism is a potent enemy of the race. It is a great creator of avoidable poverty. It makes the bed ready for tuberculosis. It is a frequent excitant of exposure to the infection of venereal diseases and consequent and many other diseases; it swells the ranks of fatherless children, and of neglected infants; it helps to fill our prisons and our hospitals. Let it be admitted, if you like, that light wines and beers are pleasant, and in strict moderation with meals are beverages to which little or no harm can be traced; but heavier drinks and all non-medicinal spirit drinking are to be condemned; and the country which distinguishes itself by abolishing these drinks will, other things being equal, in my opinion, inevitably attain quickly an industrial and economic superiority over all countries which continue to follow the older ways.

(5) A great gain during the war is constituted by the fact that science has come into its own. The war has been described as a war of engineers. Its chief successes have been won by applied science; and it is gratifying to record that the Anglo-Saxon intellectuals, when their services have been engaged, have proved themselves superior to the boasted German scientist, whether in physics or chemistry or medicine.

The facts as to the wonderful extent to which disease has been prevented during this war need not be detailed. Intestinal diseases have been kept strictly under control. In no previous war has smallpox or typhoid fever claimed so small a toll on the belligerents.

Malaria, it is true, has claimed many victims, owing to our soldiers having to operate in countries in which the needed

precautions could not be completely carried out. Typhus has scarcely claimed a victim among the British forces, and although trench fever was common, medical discovery, by showing its relationship to the bite of the louse, has placed within reach an immediately practicable means for avoiding this serious cause of military disablement.

Three sets of diseases have not been successfully combatted during the war—the group of respiratory affections, tuberculosis, and venereal diseases, and on each of these it is desirable to make a few remarks.

6. In the group of respiratory diseases I think we should include a number of diseases not commonly regarded as such, but in which, so far as can be judged, infection is received by inhalation, and I would, therefore, group together such miscellaneous diseases as poliomyelitis, cerebro-spinal fever, measles, bronchitis, pneumonia, and influenza. All agree in one particular, that attempted preventive measures against their spread are dubious in effect. These diseases naturally divide themselves into two groups: the first comprising measles and influenza, both of which spread—when, as in influenza, the almost unknown conditions determining spread are present—to an extent only limited by the failure of susceptible persons; and the second comprising the other diseases already enumerated, of the conditions determining attack from which we are profoundly ignorant. We do know, however, concerning cerebro-spinal fever and measles, that they spread more easily and become more severe under conditions of massive overcrowding; and their unusual severity in war is thus partially explained. Beyond this obvious indication for prevention we can do but little.

It may, however, be mentioned, that in England during the last few years, we have determined that our lack of ability to prevent outbreaks of measles should not prevent us from attempts to *diminish their fatality*, and the notification of this disease has therefore been universally enforced, and local authorities have been urged to provide nurses to assist in the domiciliary nursing of cases of measles. Grants of half the expenditure expended in nursing this and some other children's diseases are paid by the Central Government. If the spread of infection cannot be stayed, it is our duty to diminish the loss of life by providing nursing assistance whenever required. This provision of nursing assistance in a number of children's and maternal illnesses, half the expenditure being paid from

Central and half from local funds, will, I trust, soon be followed by a general provision of nursing assistance from public funds.

The recent epidemic of influenza has taught us several important lessons—First, we have been painfully reminded that we are completely ignorant of the causes of the pandemic waves of this terrible disease, which, at irregular intervals of years, traverse the world. We may surmise that the crowding and the mental and physical depression of war caused increased rapidity of spread and a greater fatality in the present outbreak; but influenza has spread and been only less fatal than in the present outbreak when there was no war, and we must admit our ignorance of the cause of this.

Numerous investigators in many lands have been striving to illuminate our ignorance; but until success crowns their efforts, it is well to admit that on the large scale all attempts to prevent the spread of influenza have failed.

But, in this disease, as in measles, this failure in prevention is no reason for refraining from every possible effort to restrain death in this disease. In every country and in nearly every invaded district, many sick were unable to obtain adequate nursing and other domestic care. Here and there organized mobile team work partially overcame the difficulty; but the one lesson which emerges from this great pandemic is the necessity for having in every area a large nursing reserve. Here is one of many spheres of utility, which should, I think, be occupied by Red Cross workers, who have done such admirable work during the great war.

Many of these Red Cross workers were not fully trained before the war, but intelligent workers under stress of circumstances showed themselves competent in many instances to undertake highly skilled work; while a much larger number under the supervision of more fully trained nurses and doctors were able to carry out satisfactorily the routine, but still extremely important work, of ordinary nursing. During the influenza outbreak many such "Nursing Aids" did admirable work, and the epidemic has demonstrated once for all the absolute necessity of having available a large number of such nursing aids. Cannot these be employed on a large scale when no epidemic is raging? Is it necessary for every case of sickness that a fully-trained nurse should be engaged? Would not the physician be equally satisfied in a large proportion of his cases, if he had available a less elaborately trained assistant.

who understood personal hygiene thoroughly, who could give an enema, could take temperatures, and would follow instructions implicitly and intelligently?

Incidentally I consider that some such modified and simplified training in actual nursing would form an adequate background for the special training required to obtain a competent school nurse, tuberculosis nurse, or public health nurse (health visitor); and that under present conditions a three years' training as a nurse is not the best foundation on which to build the special training required for these public health nurses.

(7) A serious penalty of war conditions has been the increase of tuberculosis. It is not surprising that the crowding in barracks, the overwork and overstrain, the dirtier habits, and risks from expectoration in massed communities, should have increased tuberculosis among soldiers; both by activating latent tuberculosis and by introducing new infection. Nor is it surprising that under analogous conditions tuberculosis has increased among women, especially at the ages in which the enormous increase in their industrial employment has taken place.

The national anti-tuberculosis arrangements which were made in connection with the National Insurance Act had scarcely been fully organized when the war began. At an early stage it had become plain that in essentials non-insured must be provided for as well as insured, and Government grants of half the approved expenditure on the treatment of tuberculosis in the general population had endorsed this principle. There was no reason, therefore, for the continued separate existence of the "Sanatorium Benefit"; and had it not been for political considerations the treatment of tuberculosis would probably already have been handed over to public health authorities, while leaving intact the general provisions of the National Insurance Act as to monetary payments and benefits. The same transference should apply also to the treatment of any disease undertaken at the public expense. The treatment of disease, especially in its more difficult specialist and institutional branches, should become a matter of communal provision, to which every person is entitled as he is to the common provision under our system of elementary education, or to the common use of free libraries and of drinking water.

There is needed a widely extended propaganda against tuberculosis. The public as well as the medical profession need to be educated, the latter in the carrying out of complete and prompt notification of cases of the disease, and in the use of



all facilities provided for aiding diagnosis; the former in the risks of industrial and other dust infections, of indiscriminate expectoration, of alcoholism, of imperfect nutrition, of bad housing, and so on. We all need to learn the folly of imperfect measures against tuberculosis. Complete success can only be attained if we assume responsibility for the whole course of the life of the consumptive. Not only must educational sanatoria be provided—and, still more important—hospital treatment for all the emergencies of the disease and in advanced disease; but in the quiescent intervals assistance must be forthcoming to cover the margin between a living wage and the earning capacity of the ex-patient, and economic measures must be provided for protecting the patient, and still more his family, from defective nutrition and from infection. To stop short of this is to be extravagantly parsimonious; to do this is to economize in sickness and to secure increased efficiency in future generations. What better work for Red Cross volunteers than in supplementing the work already carried out by anti-tuberculosis organizations and in extending and systematizing these agencies. Is not such peace work equal in importance with the war work which Red Cross workers have already accomplished?

(8) Venus and Mars are always closely associated, and it is a lamentable fact that one heritage of the war will be a great increase of venereal diseases in our midst. In England we had become thoroughly aroused to the magnitude of this evil even in peace time. The report of the Royal Commission on Venereal Diseases and the propaganda since actively carried out, have led to the taking of measures which I can only briefly enumerate. The duty has been imposed on every county and county borough council of providing aids to pathological diagnosis, and of providing clinics for the treatment of these diseases for all comers, irrespective of residential or monetary conditions. These clinics have been generally started throughout the country, and their use has been widely advertised and encouraged by propaganda in the form of lectures and addresses in factories and to various social groups, and by public advertisements. In addition an enactment has been secured absolutely prohibiting the treatment of venereal diseases except by qualified medical practitioners, and prohibiting the advertising or offering for sale of any remedy for venereal diseases. In addition, arsenobenzol preparations are supplied to medical practitioners who have experience in their use for their own patients.

The above measures do not cover the entire ground. The en-



forcement of police regulations against vice, the detention of infectious persons who cannot be trusted to refrain from spreading disease, the raising of the general standard of sexual morality—until public opinion demands that it shall be as high for men as for women—are among the reforms which are called for.

In encouraging social reform in these directions Red Cross workers have a most fruitful field of work, and they can render invaluable assistance in removing a canker which at present eats into the vitals of the community, and is responsible for untold suffering in women and children, for premature old age and paralysis in men, and for a large share of the total inmates of our lunatic asylums.

(9) I have left myself but scant time to speak of what is at once the chief lesson of the war and the most pressing problem in the preventive medicine of the immediate future. I refer to the need for more complete protection of motherhood and childhood against the dangers besetting them.

It would be a mistake to assume that only since war began have efforts both by sanitary authorities and by voluntary agencies been made on a large scale to diminish infantile and maternal mortality. But during the war and since it terminated these efforts have been redoubled and are becoming more universal; and there is opening out a prospect of safe maternity for mothers and of protected infancy for all new comers on the stage of life. If only we are prepared to do what is almost immediately practicable for this end, death or injury associated with child-bearing will become rare, the loss of infant and child life will be halved, and what is still more important, mothers and infants will cease to be damaged by neglect or ignorance at critical periods of their life, and will not become burdens to themselves and to the community.

This is no visionary dream. Past experience shows that it is within reach. What other interpretations can be placed on the facts revealed in official reports

I am unable to quote Canadian figures; but I am justified in assuming that differences similar to these I am about to quote from my own reports exist also here. The average number of deaths of mothers from complications arising during pregnancy, and at or after confinement, are one maternal death for every 250 infants born alive. In some parts of England instead of four mothers, six or even eight or nine for every

thousand infants born. There are marked differences in maternal mortality in neighboring towns and districts; and the only conclusion which fits in with the fact is that in many parts of the country, the arrangements for medical attendance on mothers at and before their confinement are inadequate or deficient in quality or both.

The Maternity Benefit under the National Insurance Act, though a valuable evidence of the interest of the State in maternity, has not provided a sufficient remedy. It was an unconditional benefit for insured women or the wives of insured men, and in their case there was no guarantee that the money allotted would be utilized in supplying the medical, midwifery, or nursing assistance needed by the patient, or in relieving her from domestic duties which she is unfit to perform. It was, furthermore, inadequate for these purposes. We should not think of handing over to each individual householder an annual sum of money advising him to expend it on a supply of books or in the education of his children. It is more economical and more effective to provide free libraries and public elementary schools without payment of fees. Is not similar action important in connection with child-bearing, on which the continuity of family life and civilization depend? That this is so is recognized in the steps towards the desired end taken in recent years by the local Government Board jointly with local authorities. Let me enumerate some of these. The Central Authority have undertaken to pay one-half of approved expenditure incurred locally on the following agencies:—

- (a) The salaries and expenses of inspectors of midwives;
- (b) The salaries and expenses of health visitors and nurses engaged in maternity and child welfare work;
- (c) The provision of a midwife for necessitous women in confinement and for areas which are insufficiently supplied with this service;
- (d) The provision, for necessitous women, of a doctor for illness connected with pregnancy and for aid during the period of confinement for mother and child;
- (e) The expenses of a Centre, *i.e.*, an institution providing any or all of the following activities:—Medical supervision and service for expectant and nursing mothers, and for children under five years of age, and medical treatment at the Centre for cases needing it;
- (f) Arrangements for instruction in the general hygiene of maternity and childhood;

(g) Hospital treatment provided or contracted for by local authorities for complicated cases of confinement or complications arising after parturition, or for cases in which a woman to be confined suffers from illness or deformity, or for cases of women who, in the opinion of the Medical Officer of Health, cannot with safety be confined in their homes or such other provision for securing proper conditions for the confinement of necessitous women as may be approved by the Medical Officer of Health;

(h) Hospital treatment provided or contracted for by local authorities for children under five years of age found to need in-patient treatment;

(i) The cost of food provided for expectant mothers and nursing mothers and for children under five years of age, where such provision is certified by the Medical Officer of the Centre or by the Medical Officer of Health to be necessary and where the case is necessitous;

(j) Expenses of creches and day nurseries and of other arrangements for attending to the health of children under five years of age, whose mothers go out to work;

(k) The provision of accommodation in convalescent homes for nursing mothers and for children under five years of age;

(l) The provision of homes and other arrangements for attending to the health of children of widowed, deserted and unmarried mothers, under five years of age;

(m) Experimental work for the health of expectant and nursing mothers and of infants and children under five years of age, carried out by local authorities or voluntary agencies with the approval of the Board;

(n) Contributions by the local authority to voluntary institutions and agencies approved under the scheme.

Grants will be paid to voluntary agencies aided by the Board on condition:—

(1) That the work of the agency is approved by the Board and co-ordinated as far as practicable with the public health work of the local authority and the school medical service of the local education authority.

(2) That the premises and work of the institution are subject to inspection by any of the Board's officers or inspectors.

(3) That records of the work done by the agency are kept to the satisfaction of the Board.

Possibly much of the past failure to protect maternity and to reduce the still-births and mortality among infants under a month old has been due to the erroneous assumption that damage to health and life at these times is in the main inevitable. That this is not so for maternal mortality is proved by the great difference in experience of sickness and death for mothers in different social strata and according to the availability of adequate skilled midwives and doctors. There are similar differences locally and socially in the proportion of still-births. A Wassermann test, followed by appropriate medical action, in all instances in which there have been previous miscarriages or in which for other reasons syphilis comes under suspicion, would at once greatly reduce maternal and infantile mortality. So also would systematic examination of urine during pregnancy and the ascertainment that in other respects the physical conditions of normal parturition are present. Here are adequate reasons for the establishment of ante-natal consultations, which happily are rapidly increasing in England under the stimulus of the Government grants already mentioned.

The further fact that about one-third of the total deaths in the first year after live-birth occur in the first four weeks of life, adds force to my plea for the establishment of these ante-natal consultations in connection with all lying-in institutions and at child welfare centres, where infants and children up to school age are submitted to periodical medical examination and supervision.

It has been erroneously asserted that the greater part of this early infant mortality is unavoidable; but careful examination of national and local statistics show that in some places it is twice as high as in others, and examination of the causes of death in the districts with more favorable mortality shows that their experience can be improved. All experienced obstetricians and pædiatricians will agree that, given adequate care of the mother during pregnancy, skilled care by a competent obstetrician during labor, and satisfactory medical and nursing care in the following month, there can be secured large reductions in the early infant mortality of the first month after birth, as well as in the number of still-births and in the present toll on maternal life.

In early infancy, as in advanced old age, tenure of life is slight, normal and abnormal are soon interchanged, and there is needed not only more knowledge on the part of mothers and nurses, and even of physicians, of the hygienic side of medicine



as applied to the physiological life of the mother and her infant, but also personal care and assistance to enable the mother to apply the useful information and advice given by the public health nurse. I lay special stress on this association of counsel and assistance. It is important also that nursing and medical assistance should be so given as not to create a feeling of dependence. In view of the wide provision of medical assistance from public funds which already obtains, I submit that poverty tests in the giving of such assistance should be abolished, or that, at least, the availability of such assistance should be greatly extended. Given the fulfilment of this condition, it will be practicable to enlist the remunerated co-operation of the medical profession in a general provision of medical and nursing facilities, which will secure the early detection of disease of every kind and its prompt and adequate treatment. Not only so, but the same service can be utilized for the preservation of health by securing the change of habits and customs and conditions of housing or work which are likely to prove detrimental.

I have laid stress on the ideal after which we must, in my opinion, strive. Meanwhile, it is essential that we should not regard the mere removal of ignorance as the *summum bonum*. This is plain when we come into close contact with the facts of life as lived by the greater part of the wage-earning classes.

Has the wife of the wage-earner domestic help such as her well-to-do sister possesses? Is there a nurse to help her even when the children are sick, much less while they remain fairly healthy? How often has every kettle-full of water to be heated separately on a stove? Under such circumstances is it reasonable to expect the cleanliness which is an indispensable condition of health? Is there a clean supply of milk for every working-man's family and are there arrangements for sanitary and cool storage of food in his dwelling?

And so we might go on multiplying questions, knowing that, if the answers are well-informed and candid, they will confess that the mothers of the wage-earning classes, especially in our large cities—in England, if not also here—have not a fair chance of keeping themselves well, or of rearing a healthy and robust family.

I do not wish to stress this view of the case; but I have said enough to justify the action of the British Government in deciding during the war—and announcing the fact in more than one official circular issued to all Local Authorities by



the Local Government Board—that next to the active pursuance of war activities measures for promoting maternal and child welfare ranked next in importance, and that no efforts must be spared to continue and extend such measures. And the history of the last four years shows that this has been done. The central grants for special maternal and child welfare work undertaken by local authorities and voluntary agencies have increased twelve-fold, the number of health visitors has been more than doubled, and the number of maternity and child welfare centres has increased five-fold; and coincident with these facts, infant mortality, which was falling before the war, has continued to decline steadily during the war,—the correct figures for the years 1912-17 respectively were 104, 117, 113, 111, 98, and 94—although the number of mothers employed away from home has greatly increased during the same period.

I have several times in this address mentioned the valuable work of voluntary health agencies. No official can fail to recognize that pioneer work is commonly started by them; and it has often happened that only when the evidence of its value has become obtrusive it has been taken over by local authorities. This is the true function of voluntary agencies, and will remain so, until local authorities (which after all are manned by voluntary workers) become saturated with the ideals of voluntary workers and of the new women-voters. Local authorities always have one great advantage over voluntary societies, that their action can be supported by legal powers.

The proper attitude of voluntary workers is to initiate and demonstrate the value of reforms, to persuade local authorities to adopt them, themselves to become members of these local authorities to ensure this end, and thus eventually render the voluntary organization for the object in question superfluous. There need be no fear: openings for further desirable voluntary work will always appear, as official work increases. In the main, however, the health of the people is a governmental function, whether it has to do with the prevention of sickness or the satisfactory medical treatment and nursing of the sick.

There is no early prospect of voluntary workers becoming unnecessary, for average human nature, as represented on governmental bodies, is shortsighted and needs much education, morally and intellectually, before it will undertake the whole sphere of work called for in the interest of the welfare of the mother and her child. Hence my plea that the magnificent potentialities of the Red Cross organization should not be al-

lowed to fall into abeyance; that they should replace their relief work by preventive work; that, to use a well-known simile, they should erect a parapet at the top of a dangerous cliff as well as provide ambulances at its foot. In so doing they will, I am confident, not encroach on present successful work of existing bodies concerned with promoting child welfare, or with the prevention of tuberculosis or of venereal diseases, or with existing agencies for providing nurses for the poor. But they can supplement their efforts; they can bring monetary as well as personal assistance; and they can, above all, bring a mass of public opinion to bear on local and central governing bodies which will lead to the only real economy, which consists in expenditure on an adequate scale, bringing to the aid of the families of the people the preventive, the medical, and the nursing facilities of which they remain in need.

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### INFLUENZAL MENINGITIS (*Encephalitis Lethargica*).

WITH REPORTS OF CASES.

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By W. B. THISTLE, M.D., TORONTO.

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Coincident with the recent epidemic of influenza, physicians in different parts of the world have encountered cases presenting unusual involvement of the nervous system and having features somewhat different from anything previously described. Moreover, there is a remarkable difference in the final termination of these cases from that of the diseases to which they bear a close resemblance, inasmuch as recovery is the rule.

Regarding the nature of the affection in these cases there has been much speculation. Are they manifestations of influenza? is one query. Another view is that these cases may be of the nature of polioencephalitis. A third is that we are having to deal with something entirely novel—in short, a new disease.

Because of the uncertainty regarding the disease, I have allowed myself some latitude and have given this report a double designation, "Influenzal Meningitis," with a query, or, in order to indicate more clearly that it is this new disease, or as the public press have it, the Sleeping Sickness, that I mean "*Encephalitis Lethargica*," the name given in the first communication on the subject by Von Economo in Austria, and later by Netter in France.

I might, with equal appropriateness, have added a third, and have adopted the name "Epidemic Encephalitis" given by Professor Hall, of the University of Sheffield, in a report of sixteen cases which appeared in the *British Medical Journal* in October, 1918.

The most striking symptoms of the disease are intense headache, a stuporous condition which may become profound, coma or lethargy; involvement of cranial nerves, notably the third, and a varying amount of mental and other disturbance, the occurrence of the symptoms being associated with more or less systematic disturbance, fever and prostration. It will be seen from this that there is some degree of appropriateness in each of these names. The intense headache with squint and a positive Kernig's sign, surely suggests meningitis in the one case, while in another lethargy mental stupor with diplopia would be equally indicative of involvement of the brain substance.

Regarding the connection between this condition and influenza, the view that they may be simply unusual manifestations of this affection seems, at any rate, fairly likely. The association seems very close.

The epidemic of influenza began in Central Europe and spread westward. After Europe, extending to this Continent. So with Encephalitis Lethargica, Epidemic Encephalitis, or whatever one may call it, the first cases were reported in Austria in the same year, later in France, still later in Great Britain, and now on this Continent a number of cases have been met with and are being reported. The absence of, or rather failure to discover organisms to which one might attribute the disease, constitutes a further point of resemblance. True, recently a minute filtrable organism has been discovered in the case of influenza, and it is highly probable that similar minute bodies escape observation in the case of lethargic encephalitis. Moreover, we do know that the infection of influenza affects the nervous system profoundly—this is true regarding both the early and later periods of the disease—delirium, headache, severe neuralgic pains, etc., are common early symptoms, while affection of the peripheral nerves is not infrequent as a sequel of an attack of influenza. This being the case, it is not difficult to imagine disturbance so intense as to cause an actual meningitis or encephalitis.

The Polyneuritis of Influenza does not always appear as a sequel of the disease, however. I had under my care last year in the private patients' pavilion, Toronto General Hospital, a

case of influenzal polyneuritis, which began on the third day and produced complete loss of power of both arms, and for a time almost complete loss of power in both legs. For a few days this patient required the use of the catheter—atrophy followed, very considerably in both arms and to a lesser extent in the legs. I looked upon the case as one of influenzal polyneuritis, and not a case of poliomyelitis. There were three young women occupying an apartment, two contracted the disease almost simultaneously and were in the hospital at the same time. The third developed the disease a few days later. The symptoms, apart from the polyneuritis, were almost identical—fever, headache, intense neuralgic pains coming abruptly with chill. The two cases in the hospital had distinct leucocytosis 16,000 odd in each case. Three cases of poliomyelitis in one house simultaneously would be, to say the least, most extraordinary. Again a leucocytosis is not likely in poliomyelitis, but rather a leucopenia.

The argument I am attempting to develop in what I have said is, in short, some justification for the title of this report, namely, "Influenzal Meningitis" (?) Since profound nervous symptoms usually usher in influenza, intense peripheral nervous disturbance frequently follows the attack, and as in the case just narrated it sometimes happens that polyneuritis occurs at the beginning rather than at the end of the disease. It is surely not altogether improbable that the brunt of the attack may at times be borne by the central rather than the peripheral nervous system and influenzal encephalitis or meningitis result.

I have five cases to report. The histories of the first two, I am sorry to say, are somewhat incomplete. The clinical findings for the remaining three are fairly complete;—

CASE No. 1. H.N.—Man, aged about 35, brought to hospital in comatose condition, ill a day or two. Patient lay with head retracted somewhat. Neck slightly rigid. Squint present, Kernig's Sign positive. Leucocyte count increased. Slight albumen in urine—Wassermann's negative. Chest clear. Spinal puncture showed no organism. Cell count, unfortunately not recorded. Temperature moderately elevated. Face had a peculiarly peaceful look. Diagnosis, meningitis, but not of specific meningococci type. In a few days, to our surprise, the patient woke up and shortly became convalescent. Left the hospital quite recovered.

CASE No. 2.—Seen with Dr. East, of this city. A man who



had been on a trip to the country buying horses had an attack like lagrippe on his return and passed into a state of profound coma. He could not be roused. There was a distinct squint and Kernig's sign was positive. He lay on his back in bed with shallow breathing and a placid peaceful look on his face. I advised spinal puncture and spoke of case No. 1, which had occurred a short time previously. Spinal puncture was done and fluid examined—no organisms were found. He remained in this unconscious condition for several days. He became clear mentally and made a rapid recovery.

CASE NO. 3.—Lieut. J. P., in Military wards, Private Patient's Pavilion, Toronto General Hospital, October 28th, 1918. Some weeks previously had what was thought to be an attack of influenza at Niagara camp, and, with other cases, was brought to Base Hospital. Recovered quickly without complications of any kind. He, however, continued to have slight evening rise of temperature with feeling of weakness. White count continued above normal. Investigation carried on in every way in the endeavor to discover an explanation for his condition. Finally, an abscess was discovered in connection with molar tooth. He was, in the meantime, transferred to the General Hospital, tooth was removed and dental treatment was being done. He began to complain of severe headache, so intense as to require full doses of morphia. After a few days confined to bed symptoms suggestive of meningitis developed. Neck was rigid and head retracted. Kernig's sign positive—muscular twitchings noticed—difficulty in urinating. There was squint and for a time both pupils were dilated and fixed. Nystagmus present. Dr. Geoffrey Boyd examined discs—report negative. Wassermann test was again done on blood and spinal fluid—result negative. Leucocyte count 11,400, later, 15,000. Spinal fluid was negative as to organisms.

1st Examination—Cell count 42, mostly lymphocytes.

2nd Puncture later—Cell count 1,000—76% lymphocytes.

3rd Puncture later—Cell count 1,200—86% lymphocytes.

At third examination a gram-positive diplococcus was reported, resembling pneumococcus. Not found at any subsequent examination. Because of this, however, was given Anti-Pneumococcus serum; Pot. Iodide was also given in large doses. Condition improved after some days. Temperature became normal in about three weeks. No after effects. Patient left hospital



January 6th, 1919. About one month later was discharged from the army without disability. Had gained twenty pounds. It looked like tuberculosis meningitis, but the patient recovered!

CASE No. 4. M. J.—Young lady, university student, aged about 20. Seen in consultation with Dr. Hendrick at Private Pavilion, Toronto General Hospital, in January, 1919, on the second day of illness—was in comatose condition, could not be roused. Breathing shallow. Face pale, squint and ptosis present. Tache cerebrale very distinct. Kernig's sign present. Impassive expressionless face. Chest clear and heart examination negative. I did spinal puncture without evidence of sensation of pain, fluid came in stream, but was clear—examined at laboratory, report negative. Urine showed albumen at first. Later there was a pyelitis with colon bacillus infection. Temperature remained high and unconscious condition persisted for about a week. After recovery of consciousness patient continued to complain of diplopia. Left hospital fully recovered and without after effects. Since then in excellent health.

CASE No. 5. Pte. J. M.—Admitted January 24th, 1919, to St. Andrew's Military Hospital, complaining of frontal headache. Pain in the left ear, pains between shoulders and down left side to finger tips. Complaining of diplopia which has existed for three days—Temperature 101.2, pulse 88. Lumbar puncture—fluid clear—examination negative with reference to organisms. Cell count 120, lymphocytes in excess. Eye examination by Capt. Aylesworth, fundi normal. Diplopia about equal in amount in every portion of eye. Nystagmus present.

January 26th, 1919.—Temperature 102.4, pulse 72, respiration 28. Patient lethargic and stuporous, difficult to arouse. Headache and pains in back and shoulders. Diplopia and bilateral ptosis. Definite weakness of both eyelids, difficulty in opening eyes. Compensatory action of occipito frontalis muscle. Slight nystagmus—slight Kernig's sign. Leucocyte count 10,400—urinalysis negative. Chest findings negative.

January 28th, 1919.—Temperature 102. Rigidity of neck. Pupils regular and equal—React to L. & A. Kernig's still present.

February 2nd, 1919.—Ptosis of left eye remains. Patient dull and apathetic.

February 9th, 1919.—Marked irritability—still dull and

lethargic. Knee jerks increased. Ptosis of left eyelid—eye turned up and out in attempt to close eyelids.

February 26th, 1919.—Severe headache, lumbar puncture done 40 c.c. fluid removed—clear. Headache after a time relieved.

March 3rd, 1919.—Improving.

March 14th, 1919.—Examination of eyes by Capt. Aylesworth. Intermittent diplopia for ten minutes at a time—some difficulty in reading. External eye muscles normal—reads newspaper at 22 inches. Left pupil larger than right.

March 29th, 1919.—Transferred to Whitby Convalescent Hospital. Occasional diplopia.

Again findings were like T.B. meningitis, but patient recovered. This time symptoms were slow in disappearing. For the very complete notes on this case I am greatly indebted to Major Imrie, of St. Andrew's Military Hospital, with whom I saw the patient on a number of occasions.

The interest in these cases centres chiefly in the question of aetiology and in regard to the recognition of the condition. The occurrence of unequivocal cerebral symptoms such as ptosis or squint, in what appeared to be at the onset an attack of influenza at a time when influenza is prevalent, is suggestive.

Sterile spinal fluid with increase of the cell count in which lymphocytes are in excess establishes the fact that there is an inflammatory condition of the cerebral nervous system, and at the same time eliminates meningitis from meningococcus or streptococcus.

Cerebral spinal syphilis does not present the acute febrile condition and can be disproved by negative Wassermann in spinal fluid and blood. The resemblance to tuberculous meningitis may be very close, as in case No. 5. The great point of distinction being the recovery of the patient in encephalitis lethargica.

Regarding specific polioencephalitis, the occurrence in association with an epidemic of la grippe; the rapid and complete recovery in many instances and the increase in the leucocyte count, in the case of influenzal meningitis, make it unlikely.

## Editorials

### THE CHAIR OF MEDICINE IN THE UNIVERSITY OF TORONTO

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Some months ago it was announced that Dr. Duncan Graham, who graduated in 1905, was appointed Professor of Medicine in the University of Toronto.

He went overseas with the University unit, and for some time had charge of medicine in the University Hospital at Basingstoke, where, we are told, he did excellent work.

Soon after his appointment he was entertained at dinner by Sir William Osler, who had sent invitations to all Professors of Medicine in the United Kingdom. Sir William introduced him to the distinguished group as the first whole-time Professor of Medicine appointed in the British Empire.

It is, of course, well understood that a large portion of the medical staff, and with them a large proportion of the profession in both Canada and the United Kingdom are very decidedly opposed to whole-time professors in medicine, surgery, midwifery and gynæcology.

However, the person responsible is, of course, the President of the University, and, apart from that, so far as we know, Dr. Graham did not make any application for this full-time professorship.

It is only fair to say that there appears to be almost a general consensus of opinion to the effect that Dr. Graham is a very able physician and also a high-minded man.

At present we prefer to make no comment on the rumors now in the air, some of which are anything but pleasant; but we, along with others, will await further developments with very keen interest.

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#### CANADIAN MEDICAL ASSOCIATION

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Conditions produced by the war were serious in several ways for the Canadian Medical Association. In the first place, the meeting for 1915, which was to have been held in Vancouver, was called off, chiefly, because there were not enough of the members left in that city and vicinity to make the arrangements for the meeting. The meeting in Quebec was an exceedingly pleasant one, and, fortunately, a very good one from a literary standpoint.

It was generally admitted by the members who attended the Quebec meeting that things did not look very bright for the Association in the near future. It was generally conceded, however, that very much had been done to keep the Association in good shape by two men who had done a wondrous amount of work during the last four years—Dr. Small, of Ottawa, and Dr. Scane, of Montreal.

We have not much to add now to the remarks of our last issue. The reception of the visitors by the profession of Quebec city and neighborhood was exceedingly cordial, and was very highly appreciated.

The President, Dr. Grondin, in his official address, extended a hearty welcome to the visiting delegates, and at the same time thanked the members resident in Halifax because they waived their rights, and gave their approval to Quebec as the place of meeting for this year. He then traced the growth of the Association from its birth, recalling the fact

that its first president was Sir Charles Tupper, and that one of the last of its charter members to pass to the better world was Dr. Catellier, of Quebec city.

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#### PROPRIETARY FOODS IN THE UNITED STATES

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We learn from the *Jour. A.M.A.* that some important decisions regarding proprietary foods have recently been given in the United States: "On April 14th, 1919, the United States Supreme Court handed down a decision of importance. The question was one dealing with the right of a State to require manufacturers of proprietary foods to print on the labels of their products the names and quantities of the ingredients. The manufacturers of a proprietary food charged that the State's requirement was a violation of their constitutional guarantees. This argument was based on the fact that the proprietary food product was made under a secret formula, and that to disclose that formula would cause the manufacturer great and irreparable damage. The Supreme Court in giving judgment, said:

" . . . it is too plain for argument that a manufacturer or vendor has no constitutional right to sell goods without giving to the purchaser fair information of what is being sold. The right of the manufacturer to maintain secrecy as to his rights and processes must be held subject to the right of the state, in the exercise of its police power and in promotion of fair dealing, to require that the nature of the product be fairly set forth."

The Corn Products Refining Co., of Illinois, makes a proprietary table syrup that is composed of 85



per cent. glucose (euphemistically known as "corn syrup"), 10 per cent molasses, and 5 per cent. sorghum. The mixture was sold under the proprietary name "Mary Jane." The labels on the tins declared that the product was "A Table Syrup Prepared from Corn Syrup, Molasses and Pure Country Sorghum. Contains Sulphur Dioxid."

The State of Kansas has a good pure food law, and, what is equally important, it seems to have officials that will enforce the law. One of the requirements of the Kansas law is that manufacturers of proprietary foods must state on the label the names and percentages of the materials used, and specifically in the case of syrups "the principal label shall state definitely, in conspicuous letters, the percentages of each ingredient, in the case of compounds, mixtures or imitations." As the labels did not give the percentages of the ingredients, the Kansas State Board of Health notified those that were selling "Mary Jane" that they must obey the laws of the State. As a result, the Company brought action against the members of the Board of Health.

The case came to trial in a district court, in which the glucose concern won, that court ordering that a perpetual injunction should be issued restricting the State Board of Health from interfering with the sale of "Mary Jane." The Board of Health appealed the case to the Supreme Court of Kansas, which court reversed the judgment of the district court. The Corn Company then carried the case up to the Supreme Court of the United States, with the result that the judgment of the Kansas Supreme Court was upheld.

## News Items

### ORPHANS HOME AT PICTON

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Twenty-five years ago the Loyal True Blues established a home at Picton, Ont., for the care of destitute children. A farm of 100 acres was purchased and a large house on it was fitted up to accommodate about 70 children.

The work has grown tremendously, and the requirements now are so great that the board of management is appealing to the Protestant public to raise funds for the erection of a new home, to be known as a memorial to those killed in the war. It is expected that the new building will provide accommodation for from three to four hundred children. According to the rules, no child is refused admittance.

The following is the committee in charge: Hon. W. D. McPherson, Mr. H. C. Hocken, Major J. Hart, Messrs. W. E. Tunmon, W. G. Farley, F. M. Fitzgerald, F. M. Clarke, and R. Martin.

### HOSPITALS IN LABRADOR

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Dr. Grenfell, while on his way to Labrador, stopped at Sydney, N.S., and while there delivered an interesting address.

"At present," he said, "we are trying to open hospitals at Bay of Islands and Twillingate with the co-operation of the people. The government has accepted the principle of these outpost hospitals so as to enable the doctors to give more scientific service. Owing to the immense distances between scattered population, the aid that every man has a right to expect has been found impossible to administer. My own plan has been to put half way between each pair of hospitals, a highly trained medical unit, superintended by a nurse, who is in touch with the nearest hospital by wire. At these half-way stations the sick can be cared for till we get them into hospital. In Labrador we have three hospitals and two nursing stations, and we will shortly erect another south of Sells Island Strait."

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Laval University, of Montreal, has been granted by special decree of the Pope separation from Laval University, Quebec city. Hereafter it will be known as the University of Montreal.

### THE DEPUTY MINISTER OF HEALTH

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Lient.-Col. John A. Amyot, M.B., C.M.G., of Toronto, has been appointed deputy minister of the new department of health, in Ottawa.

Col. Amyot is professor of hygiene of the University of Toronto, and director of the laboratory of the provincial health board, and has had wide experience in public health work.

He went overseas in May, 1915, with number four Canadian general hospital, University of Toronto, and on arrival in England, owing to his well-known experience in sanitation he was sent to France to take command of the sanitary section of the first Canadian division in June, 1915. After some months there he was placed in charge of the sanitary organization of that Canadian corps and was, some months later, asked for by the headquarters authorities of the second British army, where he was appointed A.D.M.S. sanitation in September, 1916, taking charge of the sanitation of the area occupied by that army, which extended from the North Sea to well below the Ypres salient and Armentieres.

He was mentioned in despatches December 31, 1917, and awarded the C.M.G. January 1, 1918.

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A tablet was recently unveiled in the new Medical Building, McGill, to the memory of nine medical students. Dr. George Armstrong delivered a very interesting address during the function.

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We are told by *The Hospital* (Eng.), that May 6th was the anniversary of the death of King Edward VII, whose heart was in the King's Fund from its inception to his death. On that day the annual meeting of this fund was held, when H. R. H. the Prince of Wales took the chair as its president for the first time.

To quote from this article: "He spoke with admirable diction and attractive force, and won the hearts of all who heard him."

We are told with regard to the present position that King Edward's hopes of the work it could accomplish have been fulfilled with remarkable completeness.

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We desire to thank Dr. James Roberts, the able M. O. H. of Hamilton, for the very interesting report of the Board of Health of that city, which we have recently received.

## Personals

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Dr. F. N. G. Starr, of Toronto, has received the decoration of a Commander of the Order of the British Empire.

Dr. Herbert E. Clutterbuck has returned to Toronto and will resume his practice in general surgery at 148 Grace St.

John F. Burgess, M.D., of Owen Sound, has been gazetted an Officer of the British Empire.

The D.S.O. has been awarded to Major Charles F. Knight, M.D., R.A.M.C., formerly of Toronto, and later a practitioner in Moose Jaw, Saskatchewan.

Dr. (Col.) E. G. Davis, C.M.G., has been appointed A.D.M.S. for the Soldiers' Civil Re-establishment, in the place of Lt.-Col. McKelvey Bell, resigned.

Dr. Frederick Cleland has resumed his practice at 131 Bloor St. West, Toronto. He will confine his practice to gynaecology and abdominal surgery.

Dr. T. D. Archibald has retired from his military duties and returned to his practice which, in the future, will be limited to the administration of anaesthetics.

Major D. A. Clark, Toronto, after five years of continuous service overseas, has been appointed to the staff of the Military Neurological Hospital at Vancouver. He graduated at the University of Toronto in 1908.

Lieut.-Col. M. Nettleton is now in charge of the Spadina Avenue Hospital for Soldiers' Civil Re-establishment. It is also stated that Col. Nettleton will shortly join the medical staff at Ottawa and that Major Gordon Armstrong, D.S.O., will take his place at Spadina Ave.

Col. W. B. Hendry, D.S.O., has been appointed Associate Professor of Obstetrics and Gynaecology in the University of Toronto. He went with his family to Muskoka for a month's holiday, July 16th, expecting to return to Toronto to resume practice about the middle of August. Before he went overseas he devoted himself chiefly to Obstetrics and Gynaecology, and, we presume, he will continue pretty much along the same lines in the future.

## Obituary

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### J. W. HAYES, M.B.

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We have to announce with regret the death of a bright young physician, J. W. Hayes, M.B. It occurred at his home in Peterborough, on July 6th. He graduated in Medicine from the University of Toronto in 1915. After spending a year as house surgeon at St. Michael's Hospital, he went to New York, where he commenced a post-graduate course at the City Hospital, Blackwell's Island. About a year and a half ago he became ill. His friends thought for a time that recovery was probable, but unfortunately their hopes were in vain. Among his surviving relatives is a brother, Vernon, who is studying medicine at the University of Toronto.

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### DR. P. F. COLEMAN

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Dr. P. F. Coleman, of Toronto, had a stroke of apoplexy followed by paralysis, June 30th. He was removed to St. Michael's Hospital and died the following day. He graduated in Medicine from the University of Toronto many years ago. Soon after graduating he practically gave up practising and went into business. He was always kind, however, to the sick and needy, and frequently gave his services without fee to those afflicted.



## Book Reviews

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*Progressive Medicine*.—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences, edited by HOBART AMORY HARE, M.D., Professor of Therapeutics, Materia Medica and Diagnosis, Jefferson Medical College, Philadelphia, assisted by LEIGHTON F. APPLEMAN, M.D., Instructor in Therapeutics, Jefferson Medical College. Vol. II., June, 1919.

The contents of this volume are: Hernia, by Wm. B. Coley; Surgery of the Abdomen, by A. O. Wilensky; Disorders of Nutrition and Metabolism of the Glands of Internal Secretion and of the Blood and Spleen, by Elmer H. Funk; Ophthalmology, by Wm. F. Hardy; and Gynecology, by John G. Clark. The last-named article of 64 pages is a real masterpiece. Clark sums up his results with radium in inoperable carcinoma of the uterus. They refuse radium to no patient because of the extent of the growth, and in all cases of doubt, give radium, rather than operate. The results have been eminently satisfactory. In 52% of the cases, healing of the ulceration occurred, in 60% the hemorrhage ceased, in 51% the vaginal discharge stopped, and in nearly 70% the pain was relieved. Radium is not an infallible panacea for cancer, but some of the results achieved were so remarkable as to be almost incredible. "As a palliative agent," he says, "we may assert with a full assurance that we have never obtained results with any other methods that have even approached in beneficence those secured by radiotherapy."

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*Babies in Peril, or Mother and Infant Welfare Centres.* By EDITH M. BENNETT, formerly Superintendent of the St. Pancras School for Mothers, etc. London: John Bale, Sons & Danielsson, Ltd., Oxford House, 1919.

This is a very interesting and valuable little pamphlet from the pen of one who has had a wide range of experience with infant welfare clinics in London. It could really be used to serve as a basis for similar centres in other parts, and will be studied with profit by all interested in welfare work.

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## Selected Article

### EPIDEMIC INFLUENZA

The epidemic which has fallen upon the Union, and which at the time of writing has been the cause of many thousands of deaths, is the most sudden, severe and malignant pestilence which the sub-continent has experienced in historic times. So grave has been the mortality in Cape Town, Kimberley and Johannesburg, and so close is the clinical similarity of the pneumonic form of the disease to pneumonic plague, that the suspicion has been widely voiced that the disease is really pneumonic plague and not influenza. Fortunately this suspicion can be definitely dispelled; the opinion of South African bacteriologists, both public and private, is unanimous as to the presence of the influenza bacillus (Pfeiffer's) and the entire absence of the *Bacillus pestis*. We are informed, for instance, that the lungs of fifty fatal cases have so far been critically examined in the S.A. Institute for Medical Research, with the result that Pfeiffer's bacillus has been found in all, one or other variety of pneumococcus in the great majority, and a *Micrococcus catarrhalis* in some. Blood-cultures have usually been negative, but one has yielded a pure growth of a "classifiable" pneumococcus.

The epidemic of influenza in Spain, to which our present visitation owes its popular name, was at its height in May, 1918. It is suggestive, however, that, in the winter of 1916-17, many cases of a particularly fatal disorder, to which the name of "purulent bronchitis" was given, had occurred among the soldiers at one of the bases in Northern France, and shortly afterwards at Aldershot. An epidemic recognized as influenza was in progress at that time, and the results of the investigations of Hammond, Eyre and others with respect to the nature of this so-called "purulent bronchitis" are, we think, very significant. They found this exceptionally fatal condition to be due to an invasion of the lung tissues primarily by the bacillus of influenza and subsequently by the pneumococcus: the fatal termination was due to a pneumococcal septicemia which was held to be the result of an exaltation of the virulence of the pneumococcus by symbiotic growth with the influenza bacillus. These conclusions are, from a bacteriological standpoint, so

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particularly apposite to our cases of severely fatal pneumonic influenza that it would appear that we are dealing with a disorder of essentially the same nature.

With regard to the "pneumonia" which complicates a minority of the severe cases—it appears that it supervenes, in the great majority of instances, in cases which have not received full and careful attention in the early days of the attack, and is especially common amongst people who will not, or cannot, rest in bed. True lobar pneumonia undoubtedly occurs, but the more common condition is either a catarrhal pneumonia, or a hemorrhagic oedema of the lung.

It is not our intention to deal exhaustively with the pathology of the disease; sufficient has been said, however, to support the supposition that our present pestilence is a direct extension from a focus at the Western front rather than the offspring of the Spanish epidemic.

With regard to the latter epidemic we have but little knowledge of the precise nature. According to the French papers there were some eight millions of cases, with but a very low mortality—about 700 deaths in all. In Portugal, as we are reliably informed, there were "certainly millions of cases" with "very few, if any, deaths."

Reports of its clinical characters are conflicting; some state that the symptoms were mainly those of a catarrh of the gastro-intestinal tract, whilst others that headache, slight fever and coryza comprised a typical attack. It is probable that the disease assumed somewhat different forms in different localities at different times. The only bacteriological report which has come under our notice described the causative organism as a "parameningococcus"; it is probable, however, that this was a *Micrococcus catarrhalis*, and that the true agent, Pfeiffer's bacillus, was overlooked owing to the relative mildness of the illness and the scarcity of material for post-mortem investigation.

From May to July of this year influenza was extremely prevalent throughout Germany and Austria. As already stated, its presence in epidemic form was admitted in the North of France in the winter of 1916-17. In April, May and June of the present year a severe outbreak occurred in England, and by the month of July it had spread widely throughout the British Isles. At this time we had the definite bacteriological assurance that Pfeiffer's bacillus and the pneumococcus were the principal, and apparently the only, active microbial agents in the disease.



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The last great pandemic was world-wide in its distribution. It first affected London in November, 1889, and reached Cape Town, and North and South America, in January, 1890. Its appearance in South Africa was marked by the same explosive violence as in the present instance. Since that time the disease has shown recrudescences from time to time in all European countries, and in England and Wales the years 1891, 1892, 1895, 1898, 1899, 1900, 1908 and 1915 were each marked by an annual mortality from this disease of over ten thousand persons.

Cape Town was again severely visited in 1891, and in 1892 the disease had spread all over the sub-continent. Pneumonic complications were almost unknown, and the mortality was low.

Exactly when the present visitation began in Cape Town we do not at present know, but it first appeared with epidemic character in Johannesburg on September the 22nd, amongst the native laborers of three mine compounds. On October the 2nd it was reported to be spreading rapidly in Cape Town, but, as in Johannesburg, there had been but very few serious cases; in the Kimberley compounds on that date there had been only five fatalities. From the first week in October the disease has increased rapidly in extent, has become of a much more severe type, and has attacked the European populations with terribly fatal consequences. A very noticeable peculiarity of the present epidemic, at all events as it affects Europeans at the present time, is its fatal incidence upon young adults and people in the prime of life; the great majority of the fatalities are between the ages of 20 and 45, whereas in previous epidemics it has been the very young and the old who have been more liable to succumb.

The pandemic of 1889-90 was made the subject of special investigation by the Local Government Board, and an extremely useful report was furnished by Dr. H. Franklin Parsons. Some of Dr. Parsons' conclusions may with advantage be referred to now, as they afford answers to several questions which are widely mooted amongst us. He found that the prevalence of the disease was independent of climate, season and weather; that it did not travel in the direction of the prevailing wind, but along the lines of human intercourse, and not faster than human beings can travel; that the greater the facilities for locomotion the quicker was the spread; that it appeared first in capital towns and seaports and only affected country districts later; that it never commenced suddenly in a place previously free



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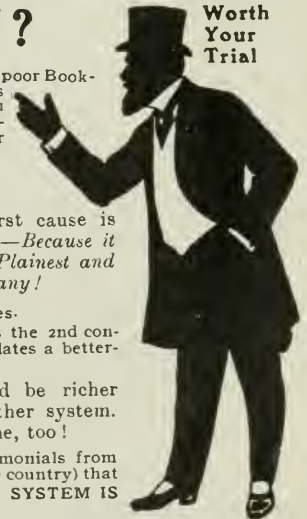
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from the disease, but that it was generally preceded for some days or weeks by scattered cases; that persons brought much into contact with others were generally the first to suffer; that persons brought together in large numbers in enclosed spaces suffered more than others, and that the rapidity and extent of the outbreak in institutions corresponded with the massing together of the inmates.

In 1876, that is before the last great pandemic, and before the discovery of the specific microbe, that most sagacious of physicians, the late Dr. J. S. Bristowe, said: "The obscurity of its origin; the swiftness with which it spreads through a district into which it has been introduced, and passes from one city to another city, from one country to another country, thus involving entire continents within very brief limits of time; the shortness of its stay in any locality, which rarely exceeds six weeks or two months; the suddenness and completeness of its disappearance; and the irregularity of its epidemic visitations, all combine to render it the most typical of all epidemic diseases."

The difficulty in preventing the rapid spread of the infection is due to the shortness of the incubation period—apparently from a few to 48 hours in the present epidemic—and to the fact that mild cases are as infectious as the most severe.

In mediæval Italy the appearance of epidemics of influenza was attributed to an ethereal essence, or influence (whence the name "influenza"), descending from unfriendly stars upon helpless mankind. It appears to be the opinion of a considerable section of the South African community that the Public Health Department has, for the nonce, supplanted the celestial bodies in this particular work. It is asserted that the Government is responsible for permitting the pestilence to enter by the agency of a boat-load of infected soldiers and native laborers from Northern France; the fact that it is not in possession of a vaccine, or serum, which will confer protection from the disease—a thing never yet discovered—is held to be a serious dereliction of duty; and, in short, we are asked to appreciate the fact that the newly-created Public Health Department has had a unique opportunity of demonstrating its value to the community and has signally failed.

Such criticisms are harsh and unreasonable. Ever since the sixteenth century the world has been subject to repeated pandemics of influenza, and this is one of them. We believe that it would have been humanly impossible to exclude the disease





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from South Africa, and have but little doubt that enquiry will show that scattered cases occurred in Cape Town before the arrival of the denounced transport. The Public Health Department has the confidence and support of the profession in this time of unparalleled national calamity; and so long as it discharges its functions with a greater regard to technical efficiency than to political expediency it will continue to receive that confidence and support.—*Medical Journal of South Africa.*

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### Prepare the Babies for Hot Weather

During the month of June it is not a bad plan for the physician to take mental "stock" of the babies under his care, especially such as are bottle-fed, with the general idea of recommending such treatment as will tone up and vitalize those whose nutrition may be below par, so that they may enter the trying summer months in the best possible condition to ward off or withstand the depressing influences of extreme heat or the prostrating effect of the diarrhœal disorders of the heated term.

Careful attention to feeding is, of course, a *sine qua non* and the details of the infant's nourishment should be carefully investigated and regulated. But this is not all. Many bottle-fed babies are below standard from a hæmatologic standpoint. The marasmic anæmic baby deserves special attention in the way of building up and restoring a circulating fluid which is deficient in red cells and hæmoglobin. In the entire *Materia Medica* there can be found no direct hæmatic quite as suitable for infants and young children as Pepto-Mangan (Gude). In addition to its distinctly pleasant taste, this hæmic tonic is entirely devoid of irritant properties and never disturbs the digestion of the most feeble infant. Being free from astringent action, it does not induce constipation. A few weeks' treatment with appropriate doses of Pepto-Mangan very frequently establishes sufficient resisting power to enable the baby to pass through the hot summer without serious trouble, gastro-intestinal or otherwise.

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Wounded Soldier—"It aches something cruel."

Visitor—"Have you told the doctor."

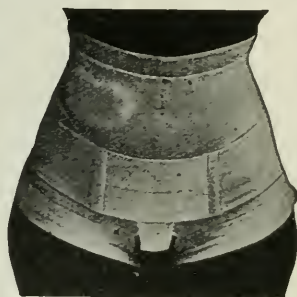
Soldier—"No. I don't tell him much of how I feels—it only discourages him."

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## Selections

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### The Field of Physical Therapy

Medical and surgical procedures will be altered to a considerable extent by the experience gained in the war. The past few years have demonstrated not only that physical therapy is of great value, but that its scope is wide. It is now conceded to be essential in surgery. Physical therapy comprises such methods as hydrology, electrotherapy, mechanical treatment, medical gymnastics, massage, and active and passive exercise. The field of treatment is exceedingly wide, and it appears to be applicable to all forms of rheumatism (at least many authorities assert this to be so), neuritis, nervous conditions, disorders of the heart, post-operative conditions such as adhesions, fractures, paralysis and paresis of nerves, synovitis, fibrous ankylosis of joints, and conditions affecting the circulation such as trench feet, post frost bite, and erythromelalgia. Dr. C. Willems, the Belgian surgeon, has had some remarkable results in the treatment of joint lesions by means of immediate active mobilization of the joint. Mr. J. W. Dowden, of Edinburgh, has recorded successful treatment of fractures, especially fractures of the upper extremities, by passive and active mobilization, without the use of splints. In a special number of the *United States Medical Bulletin* dealing with medical and surgical progress during the war, compiled by Lieutenant Commander W. Seaman Bainbridge, the treatment by physical methods of injuries and disabilities produced by war is discussed at length. In fact, there has been published a considerable amount of literature devoted to physical methods of treatment brought out by the war.

In any industrial country, and in none more than America, the accidents of peace time are appallingly numerous. Dr. Alexander Lambert, in his presidential address at the recent meeting of the American Medical Association, said that the total of maimed and injured industrial workers each year far exceeds the casualties of war, and that the war has taught the economic value of these injured workers. In this salvage and reconstruction, physical therapy intelligently applied must play a great part.

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effects physical therapy must be applied scientifically, or else the treatment will do more harm than good and will fall into discredit. Medical men must be given the opportunity of gaining sufficient knowledge of the system to be able to supervise treatment efficiently, and those who do the mechanical work must be afforded the facilities for the necessary training. It would seem that the time is approaching, or is even now ripe, for this branch of therapeutics to be made a part of the medical curriculum. If a thing is worth doing at all it is worth doing well. Physical therapy has proved to be well worth doing, and every effort should be put forth to insure its being done well.—*New York Medical Journal*.

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#### Acidity of Tears a New Sign of Death

Prof. Lecha-Marzo (*Journal des Praticiens*)—Brissemoret and Ambard, in 1904 observed that the abdominal viscera, especially the liver and spleen, became acid in reaction soon after death. Realizing the importance of this acidification of the body fluids as a sign of death, Prof. Lecha-Marzo of Seville has studied the reaction of the lacrymal secretion. The method of procedure is simple. A piece of ordinary neutral litmus paper is placed in contact with the globe of the eye beneath the eyelids, to which light pressure is applied. In the living subject the reaction is distinctly alkaline as indicated by a blue color, while after death the color of the test paper is either unchanged or becomes distinctly red. The writer's researches show the simplest test which has been devised for the detection of death, but affords the earliest information that death has occurred. During life the reaction of the tears is distinctly alkaline. After death this alkalinity rapidly lessens and becomes neutral till it passes into definite acidity, which again may give way to alkalinity when putrefaction occurs. The important fact is that the reaction of the tears is never acid during life. This reaction is rapidly developed, and is often obtained within half an hour after death, and always within eight hours. Its rapidity of development depends on the temperature of the air, but at that of an ordinary room it usually appears within a few hours. An examination of 1,079 healthy persons of both sexes and 1,104 others suffering from various pathological conditions of the eyes showed without exception an alkaline reaction of the tears.—*The Medical Review*.



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## Miscellaneous

### PRESCRIBING NOTES

#### "Linseed Serum" for Burns

The following *Linosérum* is recommended by J. Bandaline and J. de Paliakoff (*Union Pharm.*), as a dressing for burns. The serum must be applied fresh the same day as it is prepared, and should be combined with hot air douches.

Infusion of linseed (1.5 per cent.)	....	1,000 gm.
Chloride of sodium	.....	9 "
Filter and sterilize.		

#### Artificial Mineral Water

G. Hayem (*Bull. Acad. Méd.*), recommends the following artificial mineral waters in cases of gastro-intestinal atony. He styles them "Solutions No. 6 and 7."

##### *Solution No. 6.*

Sodium chloride	.....	2.5 gm.
Magnesium chloride	.....	2.5 "
Sodium bicarbonate	.....	2.0 "
Distilled water	.....	1.0 litre
Should the constipation fail to yield to this he recommends		

##### *Solution No. 7.*

Sodium chloride	.....	2.5 gm.
Magnesium chloride	.....	2.5 "
Sodium sulphate	.....	3.0 or 5.0 "
Distilled water	.....	1.0 litre

Doses are not mentioned, but it may be assumed that these are the same as for ordinary mineral waters.

#### Castor Oil Dressing for Wounds

The following is recommended by Revillet (*Lyon méd.*) as a dressing for wounds. It is penetrating, non-irritant, and non-drying:

Oil of thyme	.....	45
Oil of lavender	.....	45
Oil of eucalyptus	.....	45
Castor oil	.....	to 1,000

—*The Prescriber.*

# The Canadian Practitioner and Review

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227  
No. 9

## Original Communications

### THE VALUE OF RADIUM IN CURING DISEASE, IN PROLONGING LIFE, AND IN ALLEVIATING DISTRESSING SYMPTOMS\*

By W. H. B. AIKINS, M.D., C.M., L.R.C.P. Lond.

Consulting Physician, Toronto General Hospital, Toronto Hospital for Incurables;  
Past President, American Radium Society, etc., etc.

During the comparatively short time which has elapsed since radium was first introduced into therapeutics, the treatment has passed through many phases, but it is now being established upon a firm and scientific basis, and is slowly, but surely, extending enormously its field of usefulness. A few brilliant successes in its early days caused it to be hailed by over-enthusiastic advocates as an almost universal panacea; but, on the other hand, a certain number of failures resulted in its unconditional condemnation by some of the more conservative members of the profession, who are invariably inclined to be sceptical in regard to the merits of any new remedy. Further investigation and more extensive experience, however, have shown that for many of these failures radium itself was not to blame. The cause of failure might, almost invariably, be traced to a defective knowledge of its exact characteristics, dosage and method of application. In some instances also success did not result because of an injudicious selection of cases for treatment, for radium, in common with every other method, has its limitations. The absolute necessity of recognizing these, and giving them due consideration, before formulating a definite opinion as to the value of radium treatment, will be obvious. Meanwhile, though the value of new remedies can only be accu-

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\*Read at the meeting of the American Radium Society, Atlantic City, June 9-13, 1919.

rately determined by prolonged experience and observation, it is advisable to approach the subject with an open and unbiased mind, and we should not hesitate to avail ourselves of any method which may present itself for removing or alleviating the terrible suffering caused by the diseases with which humanity is liable to be affected. Everyone will agree that cancer is one of the most important of these diseases.

Lack of knowledge as to the proper dosage has been responsible for failure in not a few cases, where either too much or too little radium has been given. The use of too small an amount of radium may account for failure, as an inadequate dose is said to have the effect of stimulating a malignant growth instead of attaining the desired object—inhibition.

Whilst it is now generally recognized that radium is dependent for much of its efficiency upon the fact that in cancer it exerts a selective destructive influence upon the cells of the new growth, there is no doubt whatever that, to a certain extent, it also affects normal tissue destructively. The effects of radium upon the cancer cells are described in a recent editorial in the *Lancet* as follows:—"The cells become granular and break up, and sometimes vacuoles appear until absorption of the debris occurs, and after a time a shrunken cell membrane is all that remains of the formerly malignant cells. Then there appears new fibrous tissue, the amount varying in different cases, and thus, if a successful result is obtained, the malignant growth is replaced by a fibrous nodule, whilst in some cases the cure is so complete that no trace whatever is left of the malignant disease." This destructive influence is exerted on all forms of living tissue, but is decidedly greater on the pathological cells than on the healthy tissue. Caution is therefore necessary lest, when we increase the dose in the hope of increasing its power to destroy the cancer cells, we do so to such an extent that it has a disastrous effect on normal tissue. When a lesion is deeply situated increased dosage will, to a certain extent, compensate for its increased depth, but such an increase is necessarily limited by the necessity of stopping the dosage at the point at which normal tissue would be endangered. This makes it imperative that the principles of dosage should be definitely established, and its limitations and variations in individual cases thoroughly understood. The investigations which have been carried out in recent years have added greatly to our knowledge in this respect, have reduced the risks, and thus have extended widely the field of usefulness of radium therapy.

Darier and others are of the opinion that another factor which has sometimes led to the discredit of radium treatment is the fact that in dealing with cancer of the skin, the absolute necessity of making an accurate diagnosis of the particular variety of cancer present before proceeding to treat it with radium has not been sufficiently recognized. This is of importance, in view of the fact that all the varieties of cancer which affect the skin do not respond equally well to radium. This applies especially to the squamous and spino-celled epithelioma, in which rapid involvement of the lymphatics and metastases occur, and which usually terminate fatally in less than two years. A-melanotic sarcoma originating in nævi is also not so amenable to radium. Malignant disease, the ætiology of which still remains more or less a mystery, holds a prominent position among the morbid conditions for which we have, for many years past, been anxiously seeking a remedy. It was one of the first, and is still one of the chief conditions for which radium is employed. In the early days its use was largely restricted to the more superficial forms, but its beneficial effects gradually led to its use in more deeply-situated cancerous growths, such as cancer of the uterus and other internal organs. The cases of this kind which were at first submitted to radium were, as a rule, those in very advanced stages of malignancy, in which surgery and all other measures had failed, and radium was applied only as a last resource when the patients were in a desperate condition. Under these circumstances it was obviously unfair to blame the remedy for its failure to bring about a cure, but in spite of this fact cases have been reported from time to time in which the local manifestations have disappeared and the life of the patient has been prolonged.

After the many vicissitudes through which radium therapy has passed since its first introduction into therapeutics, it may be said to occupy at the present time a firmly established position. In some conditions, notably cancer of the face, it may be regarded as the treatment of election, as it can be relied upon to bring about a complete and permanent cure in a very large proportion of cases, without leaving the disfiguring and contracted scars which so often result from surgery, and which so frequently are the site of the recurrence of the trouble. In such cases there is no other treatment which can compare with radium in the excellence of its cosmetic results. A further recommendation of radium in this connection is the ease and painlessness with which it can be applied.



The treatment of more deeply situated cancer has been attended with varying success, sometimes in desperate and inoperable cases with the most unexpected success. Whilst there is no doubt that a sufficiently extensive surgical operation, provided it is possible to remove all the cancer cells present, gives a fair prospect of recovery and freedom from recurrence, yet, if the disease is allowed to progress it reaches a stage when surgical removal is impossible. In these advanced cases, which are hopeless from the point of view of surgery, radium has shown itself to be invaluable, and there now appears to be no doubt that it exerts a reliable influence upon many forms of malignant growth.

#### THE VALUE OF RADIUM IN CURING DISEASE.

Among the most brilliant results which have been obtained from radium from this point of view are those in cancer of the skin and mucous membranes. This applies especially to basal-celled epithelioma and rodent ulcer. Other types of epithelioma are more refractory, most notably the squamous-celled variety, those accompanied by peripheral lymphangitis, and those recurrent in a cicatrix. Owing to this it was believed a few years ago that such forms of cancer were incurable by radium, but it is now generally recognized that the reason for failure was insufficient dosage. The squamous-celled variety of epithelioma required three or four times as much radium as the basal-celled variety in order to completely eradicate the disease and thus make recurrence improbable.

One great advantage of radium over surgery is that it leaves supple skin, with very little scar formation, whereas after operation there is a contracted scar, which is frequently the site of recurrence, owing to the irritation to which it is constantly subjected. I have frequently noted a reappearance of the disease at the site of stitch wounds. The value of radium in this connection will be appreciated when we remember that one of the facts which are definitely established in regard to cancer is that irritation is an important factor in its aetiology.

Radium also has a wide field of use in the disease of the skin and mucous membrane other than malignancy; so much so, that its employment by modern dermatologists is almost imperative. Benign tumor growths, such as moles, warts, papillomata, are removed by it, while in the treatment of disfiguring birthmarks, either port-wine stains or angiomas, it is the method of election, as its application is easy and painless and its cosmetic results are not attained by any other method.

In keloid, lupus erythematosus, tuberculosis of the skin in its various aspects, it is of the greatest value. Leucoplakia of the buccal mucosa or tongue, which is often the forerunner of malignancy, responds favorably to radium therapy.

A recent report of the London Radium Institute states that experience there tends to show that rodent ulcer can be cured with certainty by the application of radium, and, provided that a sufficient dose is given, does not recur.

In the treatment of cancer of the lip, both in early and advanced cases the results are equal or superior to those of surgery. More than 90 p.c. of the early cases have been permanently cured without residual deformity, and also a fair proportion of the advanced cases. When we compare the 90 p.c. of cures without recurrence with the results of surgery in this condition, the superiority of the radium treatment is obvious. The literature of the subject shows that radical operation at an early stage, when there is no obvious affection of the glands, is followed by recurrence in more than 50 p.c. of the cases, and if the glands are involved at the time of operation, in more than 90 p.c.

The value of radium in treating sarcomatous tumors of the skin and some growths more deeply seated is well established.

Another condition in which the success of radium has been so remarkable that it has come to be regarded as the method of election, is that of fibroids of the uterus. In uncomplicated cases, however severe, experience indicates that it can be relied upon to arrest hæmorrhage and discharge, bringing about amenorrhœa, and it will also cause shrinkage or complete disappearance of the tumor.

Cases treated as long ago as 1905, when radium therapy was in the experimental stage, have remained in good health, and in many large gynæcological clinics the use of radium has almost superseded operation in fibroids and certain forms of uterine hæmorrhage. The only exceptions made are in cases in which the diagnosis is doubtful, in those in which the fibroids are suppurating, and in those in which symptoms of pressure render operations imperative. An advantage of radium in these cases as compared with the X-rays, which are also successful in arresting hæmorrhage and bringing about amenorrhœa, is that radium can be brought into direct contact with the diseased uterus, while the influence of X-rays depends almost entirely upon their action upon the ovaries. In the presence of

sub-mucous fibroids, associated with endometritis, radium arrests the hemorrhage by a primary action upon the endometrium and a secondary effect upon the ovaries, but with the X-rays the reverse takes place, and as a result the symptoms of the menopause due to radium are much less than those due to the action of the X-rays. In cases which are inoperable owing to the severity of the hemorrhage, radium will often arrest the hemorrhage and thus render the condition operable.

As regards cancer of the uterus, the mortality after surgery has been very great, even with the best technique and in the hands of the most skilful surgeons. The general opinion is that operation should be performed in every operable case, but that the use of radium after operation will tend to prevent recurrence, and thus increase the percentage of cures. In some instances the use of radium in an operable case will render a radical operation possible. A very large proportion of these cases are already inoperable when they first come under the observation of the surgeon.

In the therapy of Grave's disease, or exophthalmic goitre, a judicious use of the radium rays will in many cases produce results which are nothing less than brilliant, when combined, of course, with the usual medical measures of rest, diet, medication, etc. Radium applied over the thyroid slows the rapid pulse, lessens the nervous excitement, causes a variable degree of shrinkage of the gland, and in numerous cases has rendered quite unnecessary the surgical operation which has been proposed as a last resort in treatment of diseased thyroids.

## 2. THE VALUE OF RADIUM IN PROLONGING LIFE.

Those who express unfavorable opinions as to the value of radium therapy frequently do not consider sufficiently the fact that a very large number of the cases submitted to its treatment are in the last stages of cancer, when the growth is so extensive that surgery is powerless, and the patient is so ill that the fatal termination of the disease is imminent. In these cases radium is only used as a last resource, and it has frequently done what no other known form of treatment is capable of doing. In cases of inoperable cancer in the uterus and other regions, radium often causes disappearance of the local manifestations, and in certain cases cure has been effected in an apparently hopeless case. Life may thereby be prolonged for months or even years, although the patient may succumb subsequently to metastasis in other parts of the body.

Post-operative radiation is now regarded as a most im-

portant part of radium therapeutics. Many cases of cancer of various forms have been reported, in which the patient has remained without recurrence for three or four years or more after the radium treatment, sometimes for such a long period that cure may be assumed. In other cases the growth may become so much reduced in size that a previously inoperable case may become operable. In the report of the London Radium Institute, issued at the end of 1918, it stated that between 1911 and 1914 a large number of cases were operated upon by surgeons of high standing, and the operations were so extensive that, in the opinion of the operators, recurrence was inevitable. After post-operative treatment with radium, recurrence took place in less than 20 per cent. of the cases, a result which is believed to be unequalled in the records of selected cases operated upon by surgeons of extensive experience.

When radium is applied over the enlarged spleen, it has a favorable influence in myelogenous leukaemia. It is a well-known fact that this is one of the most hopeless conditions in the whole domain of medicine, and the literature of the subject indicates that practically all cases terminate fatally, the acute in a few months, the chronic in from two to four years. Ordway, Peabody, Griffin and Clarkson have recently discussed the treatment of this condition by the application of radium. The reduction of the white count is most remarkable, especially in the acute cases, and the size of the spleen is greatly decreased. Many of the patients have been able to return to their occupations for a time at least. These writers consider that radium is the best remedy we have at present. Should splenectomy be considered necessary, Griffin has shown that the operative mortality would be considerably reduced if operation could be performed at a time when the spleen was comparatively small, freely movable, and the general condition good. The first splenectomy for myelogenous leukaemia was reported by Bryant in 1866, the patient dying about two hours after. From this time up to 1915, 51 cases were reported with an operative mortality of 86 p.c. Mayo and Balfour have reported their results in 18 cases which were treated by pre-operative radium at the Mayo clinic. The spleen was much reduced in size, the operation easily performed, and the only post-operative complication was a case of peritonitis. Eight of the cases remained alive from nine months to three years after the treatment.

It has been demonstrated experimentally that the blood, spleen, bone marrow and lymph nodes are normally the most



sensitive organs in the body to the action of radium and the X-rays. A few hours after irradiation there is a destruction of the cells of the lymphoid tissue and spleen and there is also a disappearance of the bone marrow. In the bone marrow the cells most easily affected are the lymphocytes and non-granular myelocytes. This destructive effect is much more marked in the leukæmic than in the normal animal, and in some cases after six weeks' treatment the white count has fallen from 1,250,000 to 8,000. In view of these results, the possibility is suggested that if treatment is begun at a sufficiently early stage, and continued long enough, the spleen, bone marrow and lymphatics may be influenced so favorably that the excessive production of immature forms of leucocytes may be definitely and permanently inhibited.

Even in cases in which the general condition is extremely bad, the radium treatment may be followed by marked improvement and increase in strength and weight, and there may be remissions of longer or shorter duration. Though death may ultimately supervene, there is no question but that the treatment may prolong life for a number of years. It remains a question whether cure will ultimately be obtained by means of improved technique or by treatment at an earlier stage, but it must be conceded that results already obtained are sufficiently remarkable. In Hodgkin's disease there is also a marked general improvement and reduction in the size of the affected lymphatics, but in order to obtain that result it is necessary to persevere with the treatment.

### 3. THE VALUE OF RADIUM IN ALLEVIATING DISTRESSING SYMPTOMS.

While I do not wish to minimize the curative value of radium, nor its value in the prolongation of life, it must be admitted that in many cases the prolongation of life alone would be a doubtful blessing, owing to the distressing symptoms which render life a burden, not only to the patient himself, but often to those around him also. In this direction radium has conferred one of the greatest benefits upon humanity. Radium has frequently been proved superior to every other known form of treatment, in that it has been able to control successfully the unpleasant symptoms associated with the last stages of malignant diseases in cases where recovery was apparently hopeless. Thus it renders the last weeks or months of the patient's life tolerable and comparatively comfortable. In not a few of these desperate cases the local symptoms have



completely disappeared, or the growth has diminished to such an extent that operation can be performed with a fair prospect of success.

All authorities are agreed that in many very advanced cases of cancer of the uterus, radium relieves the pain, reduces the discharge and hæmorrhage, and causes the disappearance of the unpleasant odor which is such a trial to the patient and her friends. In addition to this, unexpected apparent cures have been reported in some of these cases, and in those not ultimately cured there is marked relief in the symptoms.

During the war radium has been used extensively in the treatment of wounds. It has been found most useful in dealing with vicious cicatrices of various kinds, when they are associated with painful symptoms due to inclusion of nerve fibres or trunks, or when they interfere with the mobility of joints. In such cases the application of radium has frequently led to the restoration of normal mobility, to loosening of tendinous and muscular adhesions, and also to resumption of the function of compressed nerves. It has also given great relief in cutaneous manifestations, which have been observed so often in connection with war wounds and which are very refractory to ordinary methods of treatment. These are most frequently due to the excessive use of strong antiseptics, such as tincture of iodine, and have as a rule responded well to radium therapy. Degrais and Bellot report a series of excellent results in functional impairment following war wounds. They state that in vicious cicatrices radium acts in four ways: firstly, it transforms the cicatricial tissue into supple connective tissue; secondly, it dissolves and levels keloid tissue; thirdly, it detaches the cicatrix from adherent deep tissues; and lastly, it liberates compressed nerve fibres, causing disappearance or amelioration of motor or sensory troubles.

There is no doubt that the present position of radium therapy is very encouraging, and such as to give rise to great hopes for the future. There is no question as to its value as an adjunct to surgery, both before and after operations, and the results of prolonged experience leave no excuse for ignoring its usefulness in this connection. But perhaps the greatest benefit it has conferred upon humanity consists in the relief it has afforded to countless patients whose condition is absolutely hopeless from the point of view of cure. Even if it had never succeeded in curing a single case, radium has amply justified itself by its palliative properties.

## Editorials

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### LABOR AND STRIKES

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The relationship between capital and labor is always of interest to physicians. In many of the contests between employers and employees the former have been neither reasonable nor considerate. In a large proportion of cases the working hours have been excessive, and, as a consequence, the endurance of the workers has been overtaxed without proportionate increase in the output (sometimes none at all). It was proved, we think, three years ago, in Great Britain, that a man can generally accomplish as much, or sometimes more, in eight than in ten hours.

In addition to the consideration of overwork the question of increase in wages has become very acute. The increased cost of living has added greatly to the difficulties of the situation. Strikes are becoming more frequent, and the conditions arising from them are very often calamitous, causing ill effects for both employers and employees, and also in many cases, what is worse, for the general public.

In former times, while there have been faults on both sides, some of the trades unions, including the American Federation of Labor, have been fairly reasonable, and have often been right in their contentions. That the Dominion Government recognises this fact is proved by the appointment of an active and aggressive leader of the Telegraphers' Union, Mr. Robertson, as a member of the Senate, and subsequently as Minister of Labor.

The strike difficulties have often been increased

by the activity of radicals, anarchists, bolsheviks, and other mischievous meddlers, including unreasonable workers, and ignorant aliens. These matters are discussed very intelligently by Colonel Maclean in *Maclean's Magazine*, August, 1919. He reminds us that General Mitchell, after some excellent propaganda work in France and Italy, said, in a public address: "It was not conciliation that we wanted between employers and employees, including returned soldiers, but co-operation."

The strike in Winnipeg brought about probably the most serious crisis that Canada has ever known. The men who engineered it wanted no settlement as to hours and wages, but aimed at establishing a Soviet Government which should rule from Winnipeg to Victoria. The man who probably did most towards settling the difficulties was that former Trade Unionist, Senator Robertson, the Minister of Labor. It may be stated, incidentally, that before Senator Robertson appeared on the scene, some good diagnosticians thought that the Government at Ottawa was affected by a somewhat serious form of neurasthenia. Maclean tells us that the defeat of the Revolutionists in Winnipeg by the arrest of the leaders has not ended the dangers to Canada. He also says that a German organization, with millions of money, and headquarters in New York, are still at work, and are trying to create further trouble next fall and winter.

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#### SOVIET GOVERNMENT

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The Bolsheviks desire to bring various countries under the control of what they call Soviet Governments. Do the members of our profession under-

stand what that means? Mr. Castell Hopkins tells us, in his *Canadian Annual Review*, 1917, that Mr. James Simpson, of Toronto, stated at Ottawa, June 5th, 1917, that steps would soon be taken to form an organization of a Workmen's and Soldiers' Council in Canada somewhat on the plan of the organization in Russia. What did he mean? Perhaps his explanation would be something like that of Mr. Evans Clark in *The Nation*, March 22, 1919: "Each factory, each economic organization, in proportion to the numerical strength of the group, elects its own delegates to the Soviet. The Assembly is made up of representatives, not of districts, but of economic interests. Every member of the Soviet works in the same factory or organization with those who elected him. He is known to them personally; he is in constant contact with them; his sympathies are their sympathies; his loyalty is their loyalty. The Soviet is not a Dictatorship. In Soviet Russia all men and women over eighteen can vote." Albert Rhys Williams tells us in *The Dial*, December 14, 1918: "There is no more remarkable phenomenon in all history than the remarkable fact that in a week after the revolution one-sixth of the earth's surface (meaning the whole of Russia) should, in every city and village, burst forth with this new sort of Governmental apparatus." How beautiful this sounds! Autocracy replaced by democracy throughout a big nation within a week!

Let us see, in part, how things have worked out. There is an interesting article by Dr. Harris Houghton of New York in the *Long Island Medical Journal*, July, 1919, in which a few facts, now pretty generally known, are recited. The Soviet leaders, nearly



all Germans, tell their dupes that religion is a shackling deterrent force in the social organization. At Moscow the doors of the churches are nailed shut, and on the doors of the Cathedral of Vassily Blagenny, a placard has been affixed with the following inscription:

“Religion is the opium of the people.”

Another public statement reads:

“Just as long as the public believes in God in heaven there will be slavery on earth.”

Another statement is:

“The marriage tie is a very loose affair.”

The following is a “Decree of the Soviet of Briansk”:

“Comrade Krepoff is hereby authorized by the Soviet of Briansk to nationalize at his choice among the women and girls belonging to the bourgeois class of the city of Briansk, sixty women for the requirements of the Red Regiment of Artillery camped in the environs of the city.

“Signed by the President and duly sealed.”

The following are portions of a decree of the city of Saratov on the nationalization of women, March 15, 1918, beginning with this premise:

“Social differentiations and the marriage state being in the hands of the bourgeoisie, a means by which the latter possessed themselves of the most attractive women, is harmful.”

Therefore, it is decreed that, beginning March 1st, the right of possession of their women by the bourgeois classes is annulled.

“All women between the ages of 17 and 32 henceforth belong to the nation.



“ All citizens have the right to use the women of their choice.

“ All citizens, men and women, are ordered to submit to a medical examination at least once a week.”

According to the rules of the Soviet Governments of the various cities, towns and districts, “ the under-dog is to come out on top”; and, to accomplish this, he is allowed to plunder and murder those who are better off materially and intellectually. “ Mark the word ‘ intellectually ’ well; for the hatred of the Reds is far more bitter to those who owe their prominence to brains than to those who have wealth. The outrages in Russia against the intelligent and professional classes have been far more violent and vicious than against the rich.”

In this brief review of the situation, our desire has been simply to point out some of the difficulties existing between capital and labor and the aggravation of such difficulties by the interference of unscrupulous agitators, including traitors, aliens (mostly Germans), cut-throats, who want revolutions, not settlements of labor disputes.

Our recital shows that Soviet Government is a magnificent conception of democracy which was to excel every pre-existing attempt, better even than “ We, the people”; and “ of the people, by the people, and for the people.” The world gazed with wonder, and almost hysterical admiration, at this strange new development created by those dear folk of Russia within a week. Hopes ran high. The Soviet should be encouraged, and officially recognized.

But in time our admiration grew cool, then cold, then dead. We know now that the Soviet Government in its present condition is the most accursed

thing that has ever been conceived by the brain of man, whether dwelling in Germany, in Hell, or elsewhere.

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#### DISEASES OF THE WAR

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The great world's war gave us some new disease conditions with somewhat singular titles. Among the new conditions described are "trench feet," "shell shock," and "mustard gas." These terms, though in many respects unsuitable, appear to have caught the ear of the public, and are likely to remain.

Of these various conditions the most perplexing is the many-sided neurosis called "shell shock." For a time it was presumed by many that "shell shock" meant fright, and the man suffering from it was really a coward. However, the use of the term cowardice in relation to such cases was, at least in a large proportion of cases, a gross and cruel injustice.

We are told by the *Medical Press* (Eng.), that all over Great Britain there are hundreds of men suffering from "shell shock," and that improvement in such cases, if it is taking place, is painfully slow.

Two modes of therapy are especially referred to. Dr. Yealland practises what he calls "rapid persuasion," while Dr. MacCurdy uses the more prolonged method of re-education.

We cannot now make any extended reference to these two methods or to the many others which have been proposed, but we wish the profession to understand that the condition (call it "shell shock" or what you will), is a very serious one and requires in every case careful study and generally prolonged treatment.

SIR VICTOR HORSLEY

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At the meeting of the British Medical Association which was held in Toronto in 1911, one of the outstanding figures was Sir Victor Horsley. Some of our English friends are wondering if his war work will be allowed to pass without recognition because, as the *Medical Press* says, he laid down his life for his country before hostilities ceased. He was sent to Mesopotamia at a critical time because of the breakdown of the medical organization in the eastern area.

Sir Alfred Keogh was asked to provide an efficient medical service. He chose Sir Victor Horsley as one of the consulting surgeons in the army and, before his death the value of his work was realized, he fell a victim to the climate which was entirely different from that in France and Flanders. He never received any honors such as those conferred upon many of his colleagues. Two statements are made, (1) his war services have passed unrecorded; (2) British Surgery has lost, through the war, one of its foremost representatives of world-wide reputation.

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THE UNIVERSITY UNIT

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We are very glad to announce that those members of the staff whom the University sent overseas as a hospital unit have returned to Toronto. Among the officers who have returned are: Col. W. B. Hendry, D.S.O., Col. W. Lowrie, Major Shields, Major Wookey and Major Van Wyck. Among the former members of the staff who returned some time ago were Col. McGillivray, Col. Parsons, Major

Wilson and Capt. Gallie, who were present at the station to meet and welcome their comrades.

The few months which they spent at Saloniki were, in many respects, unpleasant, and they will ever remember the cold and bleak days of November and December, 1915.

Fortunately, the University authorities had them ever in mind, and kept them well supplied with hospital requirements. Although they had much to do in the way of treating the wounded and frost-bitten soldiers, especially those of the Irish Fusiliers and the Shropshires, they had still a fairly good supply on hand, which they brought back with them to England.

The unit was organized immediately after the outbreak of the war and went to England in May, 1915. From England they went to the Dardanelles, where they made only a short stay before going to Saloniki.

While at the latter place they had the misfortune to lose one of their best young officers, Capt. Yellowlees, who was drowned September, 1917.

Soon after this the unit went back to England and remained in the hospital allotted to them near Basingstoke, Hants, until they started for home.

This hospital at Basingstoke, designed for the Hampshire county asylum, was in the process of erection when the unit took possession, and was not finished until a short time before the armistice. There were thirty different buildings situated on 31 acres of land. Most of the Canadian wounded who arrived at Southampton were brought to this hospital for treatment. The hospital was officially closed on June 15th.

### NEW NURSES' HOME

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We learn from the *Hamilton Spectator* that, through the generosity of Mr. W. D. Long and Mrs. G. S. Bisby, his sister, a new building for a nurses' home in connection with the Mountain Sanatorium of Hamilton will soon be erected. This is simply the culminating act of a long series of benefactions commencing in 1905 when the institution was founded. At that time Mr. Long presented the founders with the land for the buildings.

We are glad to state that this Sanatorium has, for something like four years, been doing grand work in the treatment of invalid returned soldiers. The Government has not given this worthy institution anything like adequate assistance, and we believe that the work is growing or has already grown to proportions beyond the capacity of local charity to manage.

The *Spectator* concludes the article as follows: "It is a great satisfaction to know that, thanks to this splendid act of local benevolence, the nurses will be comfortably housed."

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### LAVAL UNIVERSITY

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Probably the most important statement made by Dr. Grondin at Quebec was to the effect that he had been authorized by Mgr. Pelletier, rector of Laval University, to announce that that University was prepared to open its courses free of charge for a period of one year to all young doctors who are graduates from other Canadian Universities. He compared the French and German schools of medicine, and said that the French had proved superior



to the Germans in the science of medicine as they had in the science of war. He wished the English-speaking graduates to associate with him and his confreres, and study their methods. They might, perhaps, derive some benefit thereby from a professional standpoint; but, in addition, they would learn the French language. He simply asked in return that the English Universities of Canada would offer the same privilege to French-Canadian doctors.

The local press expressed strong approval. The *Telegraph* expressed the opinion that "the example set by Laval University in opening its doors for one year free of charge to friendly universities reciprocating embodies a spirit of which Quebec may well be proud. It shows the progressive policy of Laval and the wide vision of its governors. If the English-speaking Canadian universities will follow the lead given by Laval, both French and English schools of medicine will be broadened by contact with each other."

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#### THE SOLDIERS' CIVIL RE-ESTABLISHMENT

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Many difficulties have arisen in the work of treating disabled soldiers. Sir James Lougheed, the official head of the Department, has been subjected to considerable adverse criticism.

The executive of the War Veterans' Association passed the following resolution a few weeks ago:

"The administration of the Department of Soldiers' Civil Re-establishment has caused keen dissatisfaction and much unrest among returned soldiers in Canada, and has placed in jeopardy the successful rehabilitation of disabled men, which, under existing conditions, is a menace to Canada.

"It is considered that the pressing problems of this Department demand the sole attention of a Minister responsible to the people through Parliament, and who, with his Deputy Minister, should have an intimate and sympathetic understanding of the needs of returned men."

Colonel McKelvey-Bell, for some time director of its medical service, resigned early in June. In his letter of resignation he expressed his disapproval of the methods employed by Sir James Loughheed. Sir James, in reply, wrote to the Premier. We extract as follows from his letter:

"I have been associated with this work since it was first instituted in the summer of 1915 down to the present time, and have no doubt whatever as to the efficiency and economy of the policy and system as first adopted, and which have been productive of very satisfactory results."

Sir James added that previous to his resignation, Colonel Bell applied for an increase in salary, and Sir James proceeds: "It is apparent that until my refusal to recommend his increase in salary, he did not have the misgivings as to the general organization of the Department set forth in his letter of resignation dated June 5th."

We cannot now discuss in full the work which has been done; but, so far as we can learn, there is almost, if not quite, a concensus of opinion in the profession that this department should be placed in the hands of the C.A.M.C.

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We publish in this issue a portion of a very admirable article containing a "study of Edith Cavell's life history and its lessons," which was published in *The Hospital*, May 24, 1919. The Editor announces

that all who wish to possess a copy of the "Special Supplement" containing the article, should write without delay to the manager of *The Hospital*, 28 Southampton Street, Strand, London, W.C.

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A LEGAL OPINION

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A prominent barrister of Toronto who has given this subject much careful attention endorses fully the article written by Colonel Maclean, and has given expression to the following opinion :

The editorial on Soviet Government appearing elsewhere in this issue describes in practice what the introduction of the Soviet into Canada would ultimately mean for us. Many laugh at the possibility, but since the occurrence at Winnipeg, the menace must now be regarded as serious. The Crown Prosecutor at Winnipeg stated that another attempt to establish what amounts to Soviet rule in Canada had been staged for October next. Plans have been matured, meantime, to foment strikes in all parts of Canada, especially in what Trotsky considers the "key" industries, and in this and other ways to cause so much trouble, unemployment, unrest and distress as to facilitate the establishment of Soviet rule during the severe depression which is now inevitable. These plans must be frustrated because many powerful and dangerous Soviets have actually been formed in Canadian industrial centres, and have already done immense mischief. It is therefore time that the members of the profession, who should lead in the fight against Bolshevism, awakened to their grave responsibilities in the matter, and studied the forces behind the agitation for the establishment of Soviet rule in Canada.

## News Items

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The Board of Control of Hamilton recommended, at a meeting held Jan. 29th, that legislation be secured to permit an issue of debentures of \$300,000 to provide for additional hospital expenditure.

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We understand that the military patients have been removed from the hospital at Whitby chiefly to the Rosedale Hospital, Toronto. Patients at the Hospital for the Insane, Queen St., Toronto, are being transferred to Whitby. It is expected that all of these will be removed before the end of September.

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The University of Toronto has authorized a new degree for those wishing to engage in Medical research, B.Sc. (Med.), a Bachelor in the Science of Medicine. It will be given to students, who, on completion of three years, have obtained honor standing, and thereafter proceed to one year in research work.

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It has recently been rumored that the Ontario Military Hospital at Orpington, England, has been sold to English capitalists. We are now informed that if such sale is not made the full equipment will be brought back to Canada, and used in the provincial institutions of Ontario.

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We are informed that courses leading to the Diploma of Public Health, which were practically dropped during the war, will be resumed in all the Canadian universities during the next session, and it is expected that such courses will be much superior to those which were given in the past.

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It was previously announced that Sir Arthur Newsholme, of London, England, who delivered an address before the Academy of Medicine early in June, was offered the Chair of Public Health in Johns Hopkins University. It has since been reported that he has accepted the position for one year.

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At an investiture at Buckingham Palace recently, the Military Cross and Bar was awarded to Capt. Frederick Campbell, M.D., Major Herbert Cumming, M.D., Capt. C. T. Lewis, M.D., Major William Ewing, M.D., Capt. Roy Jenkins, M.D., Capt. George Smith, M.D., and Capt. Thomas Barclay, M.D. The Red Cross has been awarded to Nursing Sister Car-Harris.



At a recent meeting of the Oxford County Medical Association the following officers were elected: President, Dr. L. M. Coulter, Ingersoll; Vice-Pres., Dr. W. Krupp, Woodstock; Secretary, Dr. G. M. Brodie, Woodstock. These officers, together with Drs. McKay and Brownlee, of Woodstock, and Drs. Canfield and Cornish, of Ingersoll, will be the executive committee.

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We announced in a former issue that two important medical meetings would be held in the West next year. Since that announcement it has been decided that the Canadian Medical Association will be held in Vancouver, either one week before or one week after the meeting of the Canadian Public Health Association in Edmonton. The object, of course, is to allow eastern members of the two Associations to attend both meetings.

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In our last issue we announced that Dr. J. C. Connell was elected President of the Medical Council of Canada at the meeting in Ottawa in June last. We should have added that Dr. McNeill, of Summerside, P.E.I., was elected Vice-President, while the following were re-elected: Sir Thomas Roddick, Honorary President; Dr. R. W. Powell, Registrar; F. H. Chrysler, General Counsel.

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The following medical men have been created Officers of the Order of the British Empire: Clifford Reason, Frederick Young, Arthur Ellis, Arthur Jones, Lorne Jones, Russell Robertson, Peter Stewart, Harry Marshall, James Marshall, Herbert Martin, William Richardson, Samuel Straight, John Ward, all of the C.A.M.C. Member of the Order of the British Empire, Frederick Thom, C.A.M.C.

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Dr. Thomas S. Cullen has been appointed to the Professorship of Gynæcology in the Johns Hopkins Medical School, in succession to Dr. Howard Kelly. He was born in Bridgewater, Ont., in November, 1868. He is a graduate of Jarvis St. Collegiate, and of the University of Toronto, graduating in Medicine in 1890, the winner of the silver medal.

For a year he was house surgeon at the Toronto General Hospital, then entering the services of Dr. Howard Kelly at Johns Hopkins Clinical Hospital. He became Associate Professor of Gynæcology, in the medical school, and Associate in Gynæcology in the hospital, in 1898.



The *Medical Press* (Eng.), in a recent issue, spoke as follows: "Our two ancient universities are singularly fortunate in having as Regius Professors of Physic men of the stamp and scope of Sir Clifford Allbutt and Sir William Osler. By virtue of their high scientific attainments, wide learning, general culture and personal charm, they are uniquely qualified for the exalted positions which they occupy."

The journal also refers to one of Sir William's old sayings, "too old at three score," but adds that the Cambridge professor is "still young at four score."

Sir William is now seventy, but is probably quite as vigorous as he was at forty, while Sir Clifford, who has, for four years, been President of the British Medical Association, is eighty-three, and, we are told, still combines with the breadth of wisdom which comes with years the virility of a youthful mind imbued with the science and spirit of our time.

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Brigadier-General Ross, M.D., M.P.P., has returned to his home in Kingston from overseas. He was expected about August 19th, but slipped quietly and unexpectedly into Kingston, August 17th. It was expected that he would be tendered a civic reception in the City Hall on his arrival. It was stated, however, August 18th, that the inhabitants of Kingston were determined to give him something like a public reception.

General Ross took command of the First Field Ambulance the day following the declaration of war, and left Kingston August 20th, 1914, for Valcartier Camp.

Early in September, 1918, he was promoted from the rank of Colonel to that of Brigadier-General, and was placed in command of the Canadian Medical Service in France. He received the C.M.G., and was mentioned in despatches several times.

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We admire the way in which editors in the United States stand by each other in troublous times. We are told that certain members of the Oregon Editorial Association sprang eagerly to the financial aid of the *Chicago Tribune* which was recently mulcted for damages. They met together August 16th, opened their cheque books, and in a very short time subscribed a total of 6 cents to satisfy the verdict of the jury in favor of Henry Ford. They were very enthusiastic over the matter, and said that they would have paid the whole of it, had the amount been even twice what it was.

## Personals

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Lieut.-Col. D. P. Kappeler, M.D., of Hamilton, has lately been awarded the Bar to the D.S.O.

Dr. Emerson Bull has been elected Deputy Grand Master of the West Toronto district by the Mimico Lodge A. F. & A.M.

Dr. W. L. Hutton (Major), a "war veteran," was appointed Medical Officer of Health for Brantford, July 30th, with a salary fixed at \$3000.

Dr. Harold Buck, who graduated from Toronto in 1910, became a Licentiate of the College of Physicians, London, in May of this year.

Dr. T. A. Lomer, D.S.O., the competent Officer of Health for Ottawa, has returned from overseas, and has resumed his duties in that city.

Dr. George Strathy has returned from overseas and resumed practice at 143 College St., Toronto. He announces that in future he will confine his practice to Internal Medicine.

Dr. George D. Porter (Major) has resigned his position as O.C., Divisional Laboratory, No. 2, after three and a-half years' service.

Dr. Fred. Burgess who graduated from Toronto in 1913, returned to Canada after four years' service overseas, and resumed practice in Owen Sound early in June.

In addition to the announcement of the return of Dr. (Capt.) Oliver Mabee, of Toronto, from overseas, we desire to add that he has resumed work, confining his practice to general surgery as before.

Professor (Colonel) Adami has formally accepted the position of Vice-Chancellor of the University of Liverpool, and has resigned his former position as Professor of Pathology of McGill University, Montreal.

Dr. Arthur Vallee, Quebec City, has been appointed a consultant to the Board of the Connaught Antitoxin Laboratory by the University of Toronto in the place of Dr. E. P. La-chapelle, Montreal.

Dr. Graham Chambers returned from overseas on the *Adriatic*, and landed in Halifax on August 4th. After a rather tedious railway trip he reached Toronto, August 7th, looking very fit, we are glad to say.

Dr. Robert Wodehouse (Lieutenant-Colonel), of Port Arthur, M.O.H., Fort William district, who has been overseas since 1915 has been made an Officer of the British Empire Order.

Dr. H. B. Anderson, of 184 Bloor St. E., Toronto, announces that hereafter he will devote his attention to investigation of medical cases and consultation in Internal Medicine. He will have associated with him as his assistant Dr. R. W. Mann.

Dr. C. R. Dickson, of Toronto, was recently presented with a handsome club-bag by his colleagues and friends after his resignation from Pearson Hall. It is stated that he has been offered an important position in the National Institute for the Blind, which, it is hoped, he will accept.

At the last Convocation of the University of Toronto a portrait of the late Prof. Wm. Oldright, M.A., M.D., who was Professor of Hygiene from 1887 to 1910 was unveiled. It was painted by Wylie Grier and presented by Col. Irving H. Cameron.

Dr. Archie Malloch, of Hamilton, passed the examination for M.R.C.P. (Lond.) about the middle of July. We are glad to say that the cable announcing this fact was received in Hamilton in time to allow his father to realize the full significance of the message.

Dr. Frederick Adams (Capt.), who worked in the C.A.M.C. overseas for some time, has returned to Canada, and, as previously announced, was appointed M.O.H. for the joint municipalities of Walkerville, Ford, Windsor, Sandwich and Ojibway early in July. He inspected his new field July 31st, and assumed the duties of his post August 14th.

Dr. Walter McKeown returned home from overseas August 16th. Mrs. McKeown and their daughter returned with him, but his son, "Woody" is remaining in England to complete his course in Cambridge University which he commenced before the declaration of the war. At the time of writing, August 18th, we have no definite knowledge as to Dr. McKeown's plans for the future.

## Obituary

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### DAVID HEGGIE, M.D.

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Dr. D. Heggie, of Brampton, died at his home, July 19th, aged 82. He was born in Edinburgh, Scotland, and came to Canada about sixty years ago. He graduated from Queen's University in 1865. He then settled in Brampton, and soon acquired a large practice, and, we are told, was universally loved by his patients. He also took a prominent part in public affairs, and was, for a long time, an active member of the High School Board. He left behind him three sons—doctors in private practice: Dr. Norman Heggie, of Jacksonville, Florida; Dr. David Heggie, Brampton; and Dr. W. D. Heggie, of Toronto.

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### ROBERT J. GIBSON, M.D.

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The many friends of Dr. Gibson, of Sault Ste. Marie, living in all parts of Canada, were greatly shocked when they heard of his death, which occurred suddenly from "heart failure," August 6th.

He was well known to the profession generally, and held many positions of honor. He was a Past President of our two very important Medical Parliaments, the College of Physicians and Surgeons of Ontario, and the Canada Medical Council.

He graduated from McGill in 1891, and immediately afterwards commenced practice at the Sault. He remained in active practice there until the time of his death, being for many years acknowledged as the leading physician and surgeon of North Ontario.

Apart from his undoubted ability, he possessed other qualities of heart and soul which made him exceedingly popular with all classes, both inside and outside of the profession.

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### ARCHIBALD MALLOCH, M.D.

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Dr. A. E. Malloch, of Hamilton, died on August 6th, aged 75. He was born in Brockville, and graduated in Arts from Queen's University, Kingston, in 1862. He then went to Scotland, and studied in Glasgow University, from which he gradu-

ated M.B. in 1867. He was then appointed House Surgeon in the Glasgow Infirmary under Lord Lister. He came to Canada in 1870 and lived for a few months in Toronto. He formed a partnership with Dr. McDonald of Hamilton, and moved at once to that city. He remained in active practice until about ten years ago, when he retired from the more active portion of his duties.

He had great ability, and with it a large store of common sense and good judgment. As a surgeon he ranked among the best in North America, and was probably the first in Canada to put into practice the principles of antiseptis and asepsis as taught by his great chieftain, Lister. His honesty and integrity were always undoubted. He was in all respects a scholarly and cultured gentleman, and in private life there was a combination of qualities in his character which made him an exceedingly charming and lovable man.

His eldest son, Dr. George Malloch, who was geologist with the Stefannson Arctic exploration party, lost his life in the trip of 1914. Another son is Mr. Edmund Malloch of the Department of Mines, Ottawa, and a third son, Dr. Archibald Malloch, is now in England.



## Book Reviews

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*Reconstruction Therapy.* By WILLIAM R. DUNTON, Jr., M.D., Assistant Physician at Sheppard and Enoch Pratt Hospital, Towson, Md.; Instructor in Psychiatry, Johns Hopkins University. 12mo. of 236 pages; 30 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, \$1.50 net.

Few branches of reconstruction have created such widespread interest as that of its therapeutics. The breadth of the problem is evidenced by the wealth of literature on the subject. Although this volume may not add much to the actual bulk of knowledge in this direction, yet it gives us a most interesting and concise resumé of what is being accomplished both for those who are suffering severe physical handicap, and, perhaps more important still, for those whose trouble is mental. These latter constitute one of the greatest tragedies of the war, and any contribution to the alleviation of their suffering is to be heartily welcomed.

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*Clinical Microscopy and Chemistry.* By F. A. McJUNKIN, M.D., Professor of Pathology in the Marquette University School of Medicine; formerly an Assistant in the Pathological Laboratory of the Boston City Hospital. Octavo volume of 470 pages, with 131 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, \$3.50.

The book aims at meeting the needs of the general practitioner in the laboratory department of his practice. The most recent and most practical modifications of standard tests are presented. The main value of the book lies in its scope. It is not merely a Pathological Chemistry, but it also includes general laboratory technique in Bacteriology, Histology and Serology. Blood tests are given, both bacteriological and chemical, also tests for examination of sputum, serous fluids, gastric contents and excreta. The last chapter deals with Histology and Autopsy technique. The volume is moderate in size and the type is large and clear. These considerations, together with the fact that the matter is clearly and concisely presented, commend the book highly for laboratory use.

### SQUIBB'S "MATERIA MEDICA" FOR THE PHYSICIAN AND SURGEON

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To those conversant with pharmaceuticals, the word "Squibb" is a sufficient endorsement of value. It seems unnecessary to endeavor to praise a work bearing a name of such long standing.

The book is prepared by Squibb & Sons, but it is far more than an advertisement of their goods. It is a complete *Materia Medica* in which Squibb products are given a prominent position. Useful tables of general use are appended, including common laboratory tests and other useful information.

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Major-General J. T. Fotheringham, C.M.C., Director-General of Canadian Medical Services, is accompanying the Royal party on its tour through Canada as physician to the Prince of Wales.

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Dr. (Colonel) W. B. Hendry, D.S.O., Associate Professor of Obstetrics, University of Toronto, and for some years O.C. the University Unit at Seloniki and Basingstoke, England, retired from military service in July. He then went to Muskoka, and, after enjoying a well earned holiday, returned to his home in Toronto, August 20, and has resumed practice.

## Selected Article

EDITH CAVELL

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The late Edith Cavell was born in 1866. She was the daughter of the late Rev. Frederick Cavell, for forty years Vicar of Swardston, Norfolk, and of Mrs. Cavell, of College Road, Norwich. In 1895 she entered the London Hospital as a probationer, where she remained for nearly five years, during the latter part of which she was a staff nurse in the Mellish Ward. Then she proceeded to the St. Pancras (North) Infirmary, Dartmouth Park Hill, and won golden opinions from her chiefs. In 1903 she was assistant matron at Shoreditch Infirmary, and proved herself very efficient. She manifested her ability as a teacher, and all the nurses felt the power of her example and the value of the information they acquired through her lectures and classes. Then in 1906 she made her way to Brussels, and started the Belgian Training School, of which she wrote at the time: "One of our first duties was to recruit the nurses. The old idea that it is a disgrace for women to work is still held in Belgium, and women of good birth and education still think they lose caste by earning their living. Five pupils have, however, had the courage to come forward, and soon settled in their new life, and seem happy in their work." It is interesting to note the excellent method which prevailed throughout the Belgian Training School. Order, and the influence of the matron's personality, were the key-notes which secured the school's marked success.

Edith Cavell commenced her pioneer work in nursing in Brussels with the desire to spread light and knowledge, which were bound to follow training in the years to come. Her nurses were trained to teach (as none others had at that time the opportunity of doing) the laws of health and the prevention and healing of disease. Belgians who worked under such a matron came to show their countrywomen that education and position do not constitute a bar to an independent life.

In 1914, when the war came, Edith Cavell was placed in charge of the Berkendael Medical Institute, while some of her school staff nurses took charge of a board school converted into a hospital when the nurses of German nationality were invited to leave Belgium. She was a correspondent of the *Nursing Mirror*, and her last contribution was dated March 29, 1915.

and contained details of a nurse's life during some of the sad days of the war. Of the Belgian people in the hours of grievous trial she wrote: "I am but a looker-on, after all, for it is not my country whose soil is desecrated, and whose sacred places are laid waste. I can only feel the deep and tender pity of the friend within the gates, and observe with sympathy and admiration the high courage and self-control of a people enduring a long and terrible agony. They have grown thin and silent with the fearful strain. They walk about the city shoulder to shoulder with the foe, and never see them or make a sign."

#### ALL THE NATIONS BOW THEIR HEADS.

At Brussels it is declared that that city has never witnessed a more impressive spectacle than that of the transfer of Nurse Cavell's body from the Tir National to the Gare du Nord. Every house flew a flag at half-mast; the streets were lined with crowds. The *Times* states: "Of the procession and the religious service at the station, it may be confidently affirmed that no Englishwoman except Queen Victoria ever had a more moving or a grander progress to her last resting-place." At the station the Central Hall had been transformed into a mortuary chapel. Afterwards, as the coffin disappeared into the funeral car at the end of the train, the band played "God Save the King." The silence, so deep and unfamiliar in these surroundings, was awe-inspiring. No sound suggestive of the ordinary life of the station was to be heard. Behind cordons of Belgian troops stood nurses of the Red Cross and members of other women's corps attached to the armies, and behind these were several hundred invited spectators.

At Ostend the body was removed by General Ryckel, Acting Burgomaster Moreau, and the British naval and military authorities. Honors were paid by a detachment of Chasseurs, and a wreath was laid on the coffin in the name of the town of Ostend. The coffin remained throughout the night in the mortuary chapel under a guard of the Belgian army. It was brought home to England from Ostend by the destroyer *Rowena*, escorted by the destroyer *Rigorous*. As they approached Dover Harbor the ensigns of the ships of war within it were lowered to half-mast. In due course six bluejackets bore the coffin to the wheeled bier that awaited it. It was covered with the Red Cross flag. Preceding it went a party of bluejackets carrying the wreaths, which included one of palms and evergreens bound with the national colors from the King and Queen of the Belgians, another from the hospitals of Brussels, a third from the

French and Belgian political ex-prisoners, "who would have been her companions in captivity if Miss Cavell had not been barbarously shot by the Germans." A lovely wreath of pink roses from the Mayor and Corporation of Dover, with the card "In remembrance of a British heroine."

The pier had been kept clear of the public, but when the cortège reached the pier gates, where the military aspect grew more imposing, it was the people's tribute which found expression. The Marine Parade was densely crowded, and throughout the entire route huge numbers stood awaiting the procession to pass. Sailors and soldiers figured largely in the throng, and came briskly to the salute as the coffin appeared. Everywhere there was the deepest reverence, and the thousands of little children who lined the route seemed to know that they were witnessing the nation's homage to one whose name will ever figure among the Empire's illustrious dead. Under a military guard the coffin was placed in an open hearse, and was accompanied by sixteen pall-bearers, four of them officers of the Women's Royal Air Force, four officers of Queen Mary's Auxiliary Corps, four officers of the Women's Royal Naval Service, and four Army nurses. It proceeded to the Marine Station, where it was placed in a specially prepared *chapelle ardente*, with a double guard of sentries.

#### THROUGH THE HOME LAND.

On Thursday, the coach containing the coffin, together with a special coach for the mourners, left Dover at 7.30 a.m. Few of the nation's heroes who have travelled through Kent towards the capital, for welcome or for burial, can have stirred public feeling so deeply, and none in quite the same way as it was stirred on Thursday, the 15th instant, by the last journey of Edith Cavell, and rarely have funeral scenes had such a background. The orchards of Kent were in full blossom, the fields golden with buttercups and every bank blue and white with wild flowers. England had put on beauty to receive back her own. At almost every station along the line, at windows near the railway and by the bridges, there were crowds of children quietly and reverently watching the passing. School-boys and school girls in bright summer clothes had been brought by their teachers to the railside, and they stood in long lines three and four deep on the platforms. The boys saluted and the girls stood at attention. At Sittingbourne quite 2,000 people were assembled.



## LONDON'S SYMPATHY AND ADMIRATION.

It has been truly said that Edith Cavell's funeral, entirely spontaneous in character, as the numbers who attended it throughout testified, was without precedent. The *Times* records that as the solemn procession came out of Victoria Station, into the wide avenue of Victoria Street, thousands of men bared their heads, soldiers—including Canadians, Australians, New Zealanders—stiffened to attention, officers saluted, women and children stood in reverent quiet. There was no motion in the multitude, and no sound came from them. But for the roll of the drums, the beautiful melody of the Funeral March, and the slow, stately tread of the escorting Guards, the silence would have been unbroken. Overhead there was a cloudless sky. Sunshine lit up the crowd and made a golden way for the passage of the gun-carriage and its honored burden. From the buildings scores of flags flew at half-mast. Among them could be observed the colors of the Dominions of South Africa, Australia, and Canada, and a solitary White Ensign drooping from a fifth-floor window. Along the route to the Abbey there was no break in the line of mourners. Mourners the people can be called, for while it is probable that no one man or woman in the crowd ever saw Edith Cavell, they had gathered to express a deep sympathy born of admiration for what a woman, surrounded by her country's enemies, did for England. So it was, with the flag above the gun-carriage covering the honored dead, and the silence everywhere deepening, that, preceded by the Guards, the coffin was brought round to the great entrance to Westminster Abbey. Likewise everywhere throughout the route traversed after the service, along the Embankment, through the City to Liverpool Street station, similar scenes were enacted, and equal reverence and whole-hearted sympathy and devotion were manifested. London has probably never experienced anything like it in its long history. During the passing of Edith Cavell through London a wonderful silence rested over streets which at the midday hour are usually clamorous with sound. The tribute offered by a mighty crowd to the dust of a very gallant woman was a tribute of silence, but in that silence the dead was acclaimed as surely and splendidly as the living heroes of the war have been welcomed home by the cheers of the people.

## IN WESTMINSTER ABBEY.

There could not be more perfect English May weather than that in which all that was mortal of Edith Cavell came back

to England, and was received on the way through London to the last resting-place at Norwich, not so much with lamentation as with a joyful welcome. London streets were thronged with people, and as the procession drew near to Westminster Abbey the first sound heard by the crowd within was that poignant melody of superhuman happiness from Chopin's Funeral March, the song of songs for Christian faith in the presence of death.

Before the high altar six tall red candles burned beside a waiting bier, pale in the golden sunshine that flooded the glorious old church, while the band of the Grenadier Guards filled it with music. Among those who gathered to honor the dead nurse were many distinguished and familiar faces. Besides Queen Alexandra and Princess Victoria, Lord Athlone represented the King. There were representatives of foreign countries, English statesmen, doctors, scientists, representatives of hospitals and institutions, leaders of all manner of good works, deputations from Women's Auxiliary Services, and, of course, many heads of the nursing profession, and many more of the rank and file, who were themselves honored in the honor offered to Edith Cavell.

There was the same sense of life triumphant over death in the singing to Dr. Croft's music of the Burial Service sentences as men of the Grenadier Guards carried the coffin up the long aisle. The Union Jack draped it, and upon this again lay Queen Alexandra's large cross of scarlet and white flowers. When it was placed on the bier, and the clergy, in their heavily silvered black velvet copes, had passed to their places, the softly chanted twenty-third psalm carried on the train of thought to rest in green pastures and the picture of one not afraid because not alone in the Valley of the Shadow of Death, not even in that grey dawn in Brussels, three and a half years ago, in the face of enemies who had no pity when they believed themselves conquerors.

The lesson went yet further, and gathered together into a great ideal all our aching longings for the bettering of the world, all the feeling out after practical schemes of reconstruction. "I saw a new heaven and a new earth . . . the tabernacle of God is among men. . . . He that sitteth on the throne saith: Behold I make all things new. . . . He that overcometh shall inherit these things." The Revised Version was used.

Of what use, indeed, is the self-sacrifice of those who loved not their lives even unto death, but gave them freely for us, unless we build on the foundation they laid? Edith Cavell

broke the laws of oppressors to help the persecuted. She saved others, herself she could not save. She went to her death with the majestic saying that merely to forgive is not enough. Her trial in its high-handed illegality was a mockery, and the whole ceremony in Westminster Abbey was infinitely more than the national honoring of a noble woman cruelly done to death. It was a national protest against the spirit of selfish greed, of heartless rapine, and the lust for domination which has caused an infinite number of violent deaths that were undeserved, and an untold mass of suffering that will linger on through the life of a whole generation. There was Captain Fryatt, the fearless protector of lives entrusted to his care. There were the North Sea fishermen, the *Lusitania* victims, the women and girls of Lille sent to slavery, and how many more? Those things are past, the War is past, the present is ours in which to make a better future. "Show Thy servants Thy work, that their children may see Thy glory."

After the Lesson followed prayers, and then the hymn, "Abide with me," henceforth to be always associated with the memory of Nurse Cavell. The congregation took it up with evident emotion. Then the Blessing and the Dead March from "Saul." The sounding of the Last Post from the triforium in the choir had a wonderful effect in our great Abbey Church, but more impressive still was the *réveillé* of drums. Beginning faintly, and as if at great distance, the volume of sound swelled into a noise like that of the greatest of storms or the marching of humanity in one vast army. It died away again into a softness as of infinite distance, and the great congregation passed out after that little coffin and its soldier-bearers into the brilliant day, stirred—let us believe—by more than a temporary emotion. Some followed as mourners to the last resting-place in Life's Green at Norwich of the woman who had played her noble part, the rest went back to the every-day matters of life, sobered perhaps, but assuredly not depressed, encouraged, perhaps, to try to make life a better thing because of a moment of vision which had shown death as the gate of a fuller and truer life beyond.

#### THE CEREMONY AT NORWICH.

Thursday at Norwich was a perfect spring day, when the ancient city displayed its characteristics with the maximum charm. The effect of the ceremony at Norwich was one of simplicity. The people were gathered together by the railway station and in the streets in the neighborhood of the Cathedral

in quiet groups. The special train arrived at five o'clock in the evening, with a military escort of the Norfolk Regiment. The coffin was taken on a gun-carriage from the station to the Erpingham Gate, passing the monument to Miss Cavell, unveiled by Queen Alexandra last year. The pall-bearers were: Miss Cann, R.R.C., matron of the Norfolk and Norwich Hospital; Miss Arnold, Q.V.J.I., superintendent of the Cavell Home at Norwich for District Nurses; Miss Fowler, Q.V.J.I., county superintendent, Norfolk Nursing Federation; Mrs. Mahon, commandant of the Town Close V.A.D. Hospital; Mrs. Steele, commandant of the 62nd Norfolk V.A.D. Detachment; and Mrs. Hales, quartermaster of the 64th Norfolk V.A.D. Detachment. Nurses walked before the gun-carriage, and private mourners and friends followed it, with representatives of the Anglo-Belgian Union and of the Edith Cavell Homes of Rest.

As the body was carried up the nave of Norwich Cathedral, accompanied by a long procession, it passed through guards of commandants and nurses of the Norfolk Branch of the Red Cross. The coffin was almost covered by one immense cross of red and white carnations sent by Her Majesty Queen Alexandra, and a small bunch of flowers inscribed "To a noble woman from a humble woman." The service included a commendatory prayer giving thanks for a noble example of courage and devotion for the well-being of others. The singing of the Cathedral choristers was very beautiful, the purity of the boys' voices being most marked in a Cathedral which has fewer perplexing echoes than is usual.

The grave was in a green corner under the very shade of the Cathedral, which had been specially consecrated. At the conclusion of the service the Bishop said:

"Here we welcome the dear form of Edith Cavell among her own people, to leave her where the new chapel is soon to be built in memory of Norfolk sailors and soldiers who gave their lives for us. The tribute of the Empire has already been paid in London, and at this peaceful spot I call your minds away from the distressing military and diplomatic aspects of her last weeks to dwell, not on the work of her life, but the manner of her death.

"My mind goes back to All Saints' Day, 1915, when I visited her aged mother and we said together the beautiful collect for All Saints' Day, that collect so dear and sacred to many whose treasure is in heaven. The Roman poet speaks with pity of dead boys and unwed maids and the young cut

off before their parents' eyes. But from Christ we have something far better than pity. He has brought to us hope eternal, and to-day we think of mother and daughter together once more where, in Newman's beautiful words,

Now they join hands once more above  
Before the Conqueror's Throne,  
Thus God grants prayers, but in His love  
Makes ways and times His own.

"Edith Cavell rests under the shade of our Cathedral in its 800th year, adding one more to the long line of those blessed saints of God over whom it has watched in life and death. This plot of ground is now called 'Life's Green,' and we will think of her this evening, while her body rests in its keeping, as herself alive unto God and present with the Lord, and we will look on to the glad day when she and we and all we love, having waited and watched, here or there, for the glory of the Resurrection, at last shall see—

The splendor of the morning  
Dawn on the hills."

The last hymn at Norwich, as at Westminster Abbey, was "Abide with Me." Following it was the Blessing, pronounced by the Bishop. The "Last Post" was sounded over the grave, and the "Nunc Dimittis" concluded the ceremony.—*The Hospital* (Eng.)

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#### CANADIAN MEMORIALS

The public were informed August 17th, by the Hon. A. K. MacLean, who had just returned from a visit to the Western Front, that the Dominion Government proposed to erect eight memorials on the Canadian battlefields. The ones likely to be selected are St. Julien, Courcellette, Hill 60, Vimy Ridge, St. Eloi, Passchendaele, Amiens, and Ypres. It is possible that Cambrai also will have a memorial. It is believed that the Government has already selected a site for the Ypres memorial.



## Selections

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### The Therapy of Buccal Cancer

Connected with the subject of the therapy of buccal cancer are two great factors. The first is that of early diagnosis—a factor of paramount importance in any case, but in none more so than in cancer of the buccal cavity. There is little excuse for failure in this respect, yet it is of frequent occurrence. There still are physicians who profess a great “fear of the knife,” and are willing to carry patients for weeks and months until the disease has made such progress that the use of a knife does, indeed, become a fearsome thing. There is a second group of men, intelligent and honest, who, because the patient gives a history of chancre or a positive blood Wassermann reaction, forget the possibility of cancer in the presence of an ulcerating sore on the tongue and lose precious time in a vain endeavor to cure the lesion with arsphenamin and mercury. The second factor to be considered is the exceedingly rich lymphatic supply of the mouth and neck. This is important for two reasons: first, the possibility of early, deep-seated metastases, and second, the difficulty which it adds to efficient use of the röntgen ray and radium. Every one is familiar with patients in whom clean excision of a cancer of the mouth associated with persistent post-operative raying of the neck by competent röntgenographers has nevertheless been followed by the early appearance of deep cervical metastases. This tendency of buccal cancer to cervical metastasis has led to the ultra-radical, so-called “block dissection” for its cure, which consists in an attempt to remove the cancer and the lymphatic bearing structures of the neck en masse. High morbidity and mortality from infection, and failure to eradicate the tumor by this method have caused many surgeons to go to the other extreme and to content themselves with local excision with the actual cautery or some form of high frequency current, and ligation of the external carotid artery, thus attempting to minimize recurrence by starving the tumor, and such limitation of metastases in the neck as may be afforded by the roentgen ray. While this method avoids the danger of infection to a large extent, it also fails to cure. Much has been claimed for radium in the treatment of cancer of the tongue; but while its usefulness as an adjunct to other measures is generally admitted, its dependability is yet to be demonstrated. In the management

of buccal cancer we are, therefore, brought face to face with the one great, outstanding fact in present-day cancer therapy, namely, the utter necessity of early diagnosis, without which invasion of the rich lymphatic field of the face and neck places an enormous handicap on curative treatment.—*Journal A.M.A.*, Aug. 2, 1919.

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### **Pernicious Anaemia**

Further observations on the gastro-intestinal disturbances of pernicious anæmia are reported by J. Friedenwald and T. H. Morrison, Baltimore (*Journal A. M. A.*, Aug 9, 1919). They review the literature of the subject, and call attention to the increase of eosinophil cells found by Lubarsch in the interstitial tissue of the gastric mucosa, and the degeneration of the motor nerve elements of the intestine, noted by Jurgens, which led to the view that in certain cases these nerve lesions may be the primary cause of the anæmia. Eighteen instances additional to those reported by Friedenwald in 1912 have been observed, and the conditions are described. The authors say, "From a study of the seventy-six cases of pernicious anæmia, it is evident that a large proportion of these cases are attended with gastro-intestinal disturbances as well as with an absence of gastric secretion; there is present an achylia gastrica in about 74 per cent. of the cases, and even in the stage of apparent recovery the gastric secretion does not return. In a smaller proportion of cases, 19 per cent., there is a marked diminution of the secretion, and in a few instances, about 7 per cent., it remains normal."

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### **'Cinchophen': Formerly "Atophan"**

It will be remembered that the Federal Trade Commission adopted the names of arsphenamin and neo-arsphenamin for the drugs first introduced as "salvarsan" and "neosalvarsan," respectively; the terms barbital and barbital sodium for the substances first introduced as "veronal" and "veronal sodium," and the word procain as the name for the compound first marketed as "novocain." In issuing licenses for the use of the patents on these drugs, the commission stipulated that the drugs should be sold under the new American title unless the firm desired to use a new trade designation, in which case the titles chosen by the Commission should be given equal prominence.

The Council on Pharmacy and Chemistry has co-operated with the Federal Trade Commission and has adopted the new names as the descriptive names which appear in New and Non-official Remedies. The Chemical Foundation, Inc., which has purchased some 4,500 German-owned patents, many of them for synthetic drugs, purposes to continue the wise policy of the Federal Trade Commission by requiring that those who receive licenses for the use of patents for synthetic drugs must use a common designation for each drug selected by the Foundation. "Cinchophen" has been selected as the designation for the substance introduced as "atophan" (also described in the U.S. Pharmacopœia under "phenyleinchoninic acid"). In consideration of this action on the part of the Chemical Foundation, and also because physicians found it difficult to use the pharmacopœial name "phenyleinchoninic acid," the Council of Pharmacy and Chemistry has recognized the contracted term "cinchophen" as a name for the drug introduced as "atophan." It is hoped that the physicians will support this simplified and non-proprietary nomenclature in the same spirit with which they adopted the terms "arsphenamin," "barbital" and "procain."—*Jour. A.M.A.*

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### Prophylactic Vaccination Against Influenza

G. W. McCoy, Washington, D.C. (*Journal A. M. A.*, Aug. 9, 1919), reviews the varied opinion as to the etiology of influenza and influenzal pneumonia. Although the Pfeiffer bacillus is commonly known as the influenza bacillus, there is really no convincing evidence of its causal relation to the disease, and, moreover, it includes a number of organisms varying in pathogenicity. As regards influenzal pneumonia, we find a rather general opinion that it is due to Pfeiffer's bacillus, or to a secondary invasion of acknowledged pathogenic organisms, particularly the various types of pneumococci, the streptococci, especially those known as hæmolytic, and, less commonly, Friedlanders pneumobacillus or the staphylococcus. The organisms in influenzal pneumonia, as a rule, do not conform to the general type associated with pneumonia, and the disease can be differentiated from those ordinarily due to the pneumococcus of lobar pneumonia. Immunization against the latter would appear to be of little value as affording immunization against the influenzal type. The vaccine from the influenza bacillus alone seems to have been used largely only in New

England, and if the figures as to its use are carefully examined, its value would seem very dubious. Most of the inoculations were made during the epidemic, and the case incidence among the vaccinated was compared with that in the general population or of the control groups from the beginning of the epidemic. To make clear the error in this, "let us suppose that ten days after an epidemic started in a population of 1,000 persons, an admittedly worthless vaccine was administered to one half of those who at that time remained unattacked by the disease. Let us further assume that on the date of vaccination, 20 per cent. of the population had sickened, leaving 800 well persons, of whom 400 were vaccinated. Since the hypothetical vaccine is worthless, the morbidity of the disease will be as great in the vaccinated as in the non-vaccinated group. Let us assume this to be an additional 20 per cent. Then the total morbidity in the vaccinated group will be 20 per cent. of 400, or eighty cases. The total morbidity in the unvaccinated group, however, if we consider the entire period of the epidemic, will be 20 per cent. of 1,000, or 200, plus 20 per cent. of 400, or eighty, which would make 280 cases." Reports have been made, however, based on assumptions which would make the hypothetically worthless vaccine seem a valuable prophylactic. McCoy gives examples showing the failure of the influenza bacillus vaccine as a prophylactic, passes on to the vaccines made from the streptococcus and other organisms, and discusses their value. The impression is left that they may be of value, but that wherever they have been tried under perfectly controlled conditions, they fail to influence, definitely, either the mortality or the morbidity of the disease.

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### Acute Respiratory Infections

W. H. Robey, Jr., and H. Caro, Boston (*Journal A. M. A.*, Aug. 9, 1919), give an account of a series of cases observed at Camp McClellan, Anniston, Ala., which were at first characterized by bronchitis and general malaise, and were difficult to classify exactly. They were mostly mild, and because of the ignorance of their cause the illness was designated as "three-day fever," for lack of a better name. One hundred cases were studied intensively, clinically and bacteriologically. "The characteristic symptoms were: onset with chill or chilly sensations, 72 per cent.; headache, 93 per cent.; general malaise, 92 per cent.; pain in joints and chest, 90 per cent.; cough, 62



per cent.; backache, 51 per cent.; sore throat, 21 per cent.; and pain in eyes, 12 per cent. The physical findings were redness of throat, 51 per cent.; râles scattered through the chest, 50 per cent.; redness of eyes, 11 per cent.; and herpes facialis, 5 per cent." On admission, the patients felt very ill, but the majority wanted to return to duty within twenty-four hours. The complications were slight in the 100 cases studied; bronchitis, 25 per cent.; pneumonia, 1 per cent., and otitis media, 3 per cent. Bacteriologically, there were numerous organisms, a non-hæmolytic streptococcus in the throat predominating, and *Micrococcus catarrhalis* being second in importance. Mild neuritis and neuralgias were frequent. There were two cases of fatal nervous complications. The first was a clear-cut case of ascending myelitis, apparently caused by an acute respiratory infection three weeks before, but not entirely cleared up. The second one was more difficult to diagnose, though it was undoubtedly due to some unknown respiratory disorder. The toxin seemed to have a selective action on the extensor muscles, while, oddly, the wrist and toe drop were absent. This case suggested Landry's paralysis; but, taking all the facts together, the diagnosis of acute polyneuritis seems most correct. Such cases as these two are of interest as showing that mild infections of the respiratory tract may cause such complications.

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### Stiff and Painful Backs

The diagnosis of the cause of stiff and painful backs demands careful examination, including the use of the x-ray. The frequency of these symptoms, after accidents, makes it of particular importance that the exact causation be discovered in order that proper treatment may be instituted. The necessity of unusual care is emphasized in connection with the principles of accident insurance or compensation. Dr. J. W. Sever, at the Fourth Annual Meeting of the International Association of Industrial Accident Boards and Commissions, called attention to the fact that a large number of persons presenting symptoms of stiff and painful backs were suffering from fractures of one or more vertebræ, the so-called crush fractures. Most of the persistent back disabilities were the results of falls, particularly on the buttocks, shoulders, or back, or from landing on the feet from a height, combined with forcible flexion of the spine.

In compression fractures of vertebræ, the anterior portion is more frequently crushed than is the posterior. Dr. Sever



produces evidence to show that fractures of the spine may exist in many instances without symptoms other than a lame and stiff back. The reason probably is found in the fact that most of the fractures of this type occur at the level of the first lumbar vertebrae.

One would imagine that a diagnosis of fracture of the spine would be readily made by members of the surgical fraternity, though the experience of the Massachusetts Industrial Accident Board has demonstrated that no diagnosis of fracture was made in many instances until after the lapse of four months, and even one year, after the accident. The real criticism is not based upon the difficulty in establishing the diagnosis, but because complete examination of the patient was not made.

Few of the patients with chronic stiffness and lameness of the back present symptoms due to nerve pressure, such as would be evidenced with a complete fracture attended with crushing of the spinal cord. This lack of nerve involvement probably arises from the fact that the spinal cord ends at about the level of the first lumbar vertebra, the point of greatest frequency of fracture, and thus escapes injury. The residual symptoms of stiffness, lameness, pain, and slight limitation in lateral bending do not entirely incapacitate for labor, but do restrict occupation to light employment.

With the requisite diagnostic skill, the site of the fracture is determined, and treatment by fixation, plaster jackets, or bone splints serves to hasten convalescence and eventually lead to a palliation of the handicapping symptoms.

It is imperative, therefore, to recognize the possibility of a compression fracture in all accidents due to falls upon the feet or back, or, indeed, from the dropping of weight directly upon the flexed spine. The forcible flexion of the spine is an important element in the causation of the compression fracture. While a kyphos is usually present, it does not present its appearance immediately, though it may be detected after callous formation begins. The significant features are the disability for heavy work, the weakness, stiffness, and painfulness of the back. These are a constant source of complaint, and, not infrequently, are regarded as evidence of malingering.

The failure to ascertain the lesion is indicative of insufficient care in diagnostic procedure. Under ordinary circumstances, it would seem unnecessary to devote editorial space to urging the thorough and complete examination of victims of accidents, but in view of the fact that so many compression fractures have

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been treated for months without having received a correct diagnosis, it appears timely to again call attention to the advantage of complete examinations of injured persons.

The tendency to assume that victims are endeavoring to feign distress in order to beat insurance companies or accident commissions is manifestly unfair. The injured deserve the benefit of every doubt, and doubt must exist unless and until diagnostic methods have been employed to the limit of their applicability.—*American Journal of Surgery*.

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### Influenza Treatment (*Practitioner*).

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Sir John Moore discusses the treatment of influenza under the three headings—expectant, palliative, and symptomatic. Besides rest, warmth, and quiet, and the popular ammoniated tincture of quinine, he advocates the use of alcohol given with circumspection. He recommends “turpentine punch” (ten drops of turpentine on a lump of sugar added to a wineglassful of ordinary whisky punch) for cases of septic pneumonia. For the neuralgic pains, salicin given in liquid extract of liquorice is useful, also phenazone (3 to 5 grains), tincture of gelsemium (5 minims), and chloroform water (half an ounce). Phenacetin is safer than phenazone for children. For heart failure strychnine, 1-30 grain, should be given, combined with digitalin (1-100 grain), or with morphine if the patient be restless. Hypodermic injections of oily solution of camphor have been used in the present epidemic (camphor, 2 grains; ether, 3 minims; olive or almond oil to ten minims; repeated every four hours). For sleeplessness hyoscine hydrobromide (1-100 grain) may be cautiously administered. Methyl-sulphonal (trional) deserves mention.—*The Prescriber*.

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### Chloramine-T as an Intestinal Antiseptic

The high antiseptic power and feeble toxicity of chloramine-T has suggested to P. Carnot and Th. Bondouy (*Paris Méd*, 1918) the possibility of its use as an intestinal antiseptic. They report an elaborate investigation as to (a) its bactericidal action, (b) its toxic action, (c) its reaction with the digestive juices, (d) the best method for its administration; and they report a series of clinical researches on its use internally.

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*Toxic Action.*—This is very slight indeed, and the drug may be prescribed without fear in quite large doses even for patients having a sensitive digestive tract.

*Reaction with Digestive Secretions.*—In contact with the saliva, chloramine-T is partially decomposed with liberation of small quantities of chlorine, but this decomposition is slow and may be disregarded. The gastric and duodenal juices both decompose the drug rapidly and completely, consequently it is necessary in administration to protect the medicament from the action of the stomach. The action of both gastric and pancreatic juices is inhibited by chloramine-T in a concentration of 1:500, but is not affected by 1:2000.

*Method of Administration.*—In accordance with these findings it is necessary so to administer chloramine-T as to reduce the rate of its absorption and prolong its contact with the intestinal contents. The authors find that animal charcoal satisfactorily accomplishes this, cachets or tablets containing chloramine-T 0.05 gm. and powdered animal charcoal 0.3 gm. being a suitable form, four such cachets or tablets being given daily. Another suitable adjuvant is powdered agar-agar, this being mixed in the same proportion as the charcoal.

Clinical research shows that in cases of gastric disturbance characterized by fœtid stools and diarrhœa, the administration of 3 to 6 grains produces marked relief. Bacillary dysentery was quickly relieved with two doses of 0.12 gm. Good results were also obtained in several cases of intestinal toxic infections, and in two cases of catarrhal icterus deodorization of the stools was complete, but the icterus was unaffected. In cases of chronic enterocolitis little result was obtained, and none in cases of amœbic dysentery. In one case of paratyphoid fever the result was inconclusive.—*The Prescriber*.



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## Miscellaneous

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### The Late Edith Cavell

An old and dear American friend, Dr. Henry M. Hurd, Emeritus Professor of Psychiatry, Johns Hopkins University, Baltimore, has sent us the following tribute: "I write to acknowledge with sincere thanks the reception of a copy of *The Hospital* of May 24 containing the very touching account of the honors paid to Edith Cavell. I congratulate you upon the skill and good feeling which have been shown in the tributes to her. The number is a triumph of sensible and judicious literary work. No one can realize who does not talk to people in this country how deeply the outrage against humanity and decency has brought a feeling of horror to all right thinking people in the United States in respect to the German mind. How can such standards of propriety, duty and decency be tolerated any longer? England must be much worn out by the long war and the great delay in making Peace. She has done so nobly in the trials of the last four years, and I am sure that she will come forth in Peace with great honor and renew her youth."—*The Hospital*.

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### Dickens and Smoking by Women

Forster, in his life of Dickens, quotes a letter in which Dickens says, "And now, sir, I will describe modestly, tamely literally, the visit of the small select circle which I promised should make your hair stand on end." The "visit" was a private dinner-party, to which he was invited by a lady and her daughter, who were staying in the same hotel as himself at Geneva. There were surprises in store for him, and the first was the free and easy style of the conversation of his hostesses. Broad jokes were the rule; then came the question to him: "You smoke, don't you?" And the reply was: "Yes, after dinner I have a cigar when I am alone." Later a box of cigars was produced and he was given one sufficient, he was told, to quell an elephant in six whiffs. The young lady smoked one of these and her mother did the same. An American lady joined the party, and she also smoked a cigar. Subsequently two Frenchmen came in and smoked also, the room



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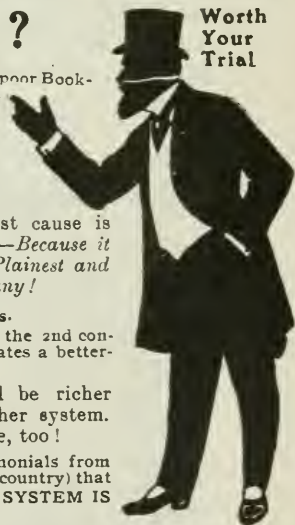
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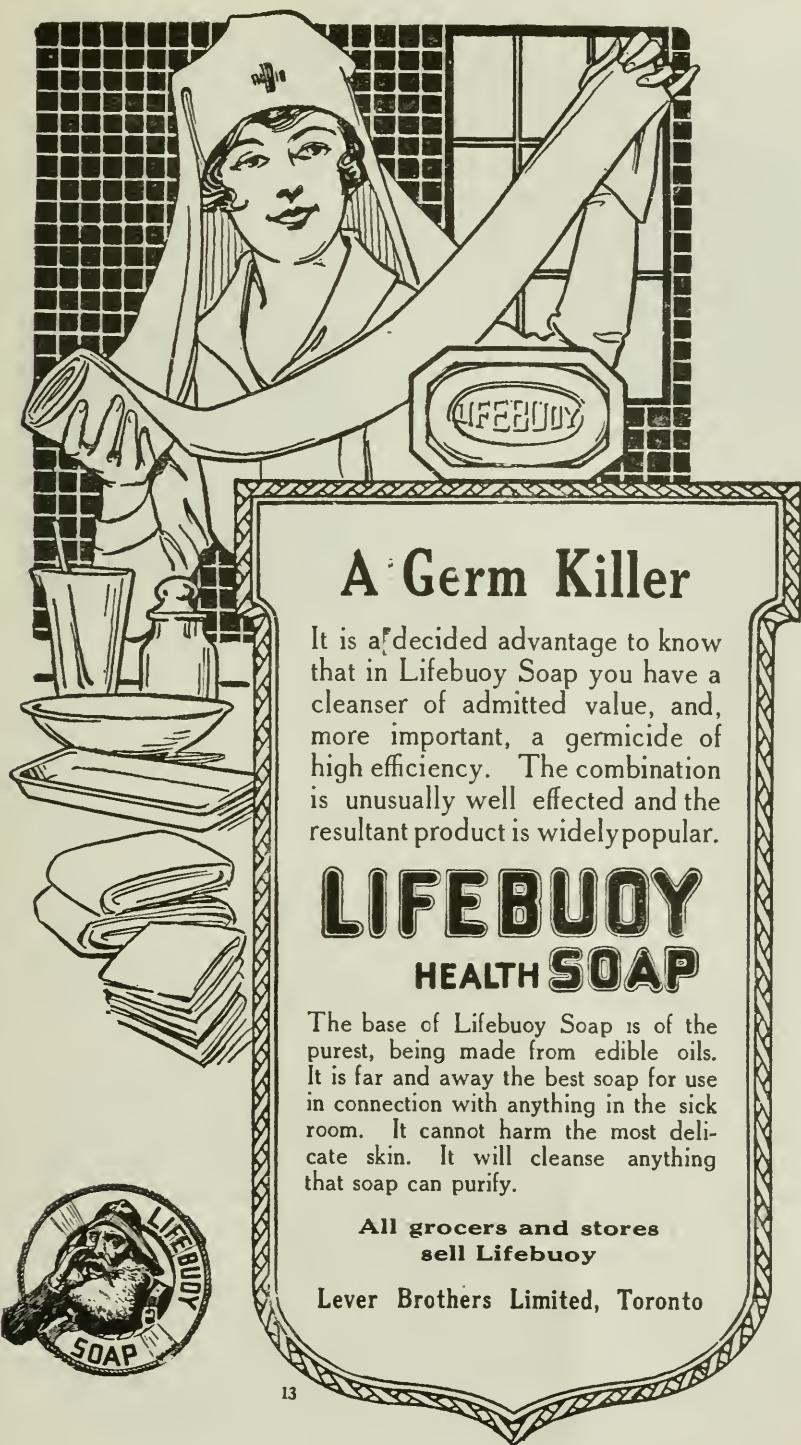
becoming clouded with smoke. In the course of an hour or two the young lady had smoked six or eight cigars. "Conceive," he adds, "this in a great hotel with not only their own servants, but half a dozen waiters coming constantly in and out. I showed no atom of surprise, but I never *was* so surprised, so ridiculously taken aback in my life; for in all my experience of 'ladies' of one kind and another, I never saw a woman—not a basket woman or a gipsy—smoke before." Dickens admits that he was amused, but he was also scandalized, nevertheless he stopped short of moralizing on his new experience. The moral aspect did not weigh with him, but the humor of it appealed to him at once. His highest faculty, Forster affirms, was his humor, and Dickens himself once said: "I have such an inexpressible enjoyment of what I see in a droll light, that I dare say I pet it as if I were a spoilt child." And yet he was often exposed to criticism for displaying his "wealth of fancy," as expressed in his humor. Dickens himself knew that there was a danger in this. The incident of women smoking cigars might have drawn from him an exquisite example of drollery. But it is just as well that it did not. No one, possibly, in those days of orthodox primness, but himself would have appreciated the humor in a habit aped by women, a habit which even men at that time were required to hold in restraint.—*The Medical Press*.

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### After the Long School Year

the tired school child, whether girl or boy, is extremely liable to become vitally depressed, worn out both physically and mentally and more or less anæmic. With the coming of warmer weather, this depreciated condition becomes accentuated and it is the part of wisdom to take steps to build up the tone of the organism, enrich the vital fluid by creating new red cells, and hæmoglobin, and employ every available means adapted to reconstruct the cells and tissues and restore the depleted vitality. Pepto-Mangan (Gude) does yeoman's service in such condition, by furnishing an agreeable, absorbable, and assimilable organic combination of iron and manganese, the agents most needed for blood repair, and general reconstruction. It is pleasant to take, and does not irritate the digestive organs nor cause constipation.





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**Presentation to Sir William Osler**

The presentation to Sir William Osler, Regius Professor of Medicine in the University of Oxford, of a collection of essays in two volumes took place at the house of the Royal Society of Medicine on July 11th, the eve of his 70th birthday. The contributions to the volumes number 150, and include representative members of the profession on both sides of the Atlantic—physicians, surgeons, physiologists, anatomists, pathologists and historians.

The presentation was made in the name of the great body of subscribers on both sides of the Atlantic, by Sir Clifford Allbutt, Regius Professor of Physic in the University of Cambridge, who said:

My Dear Colleague: To me, as one of your oldest friends in time, and perhaps the oldest in age, has fallen the honor of announcing our celebration of your seventieth birthday—one anniversary of many years of supreme service in two kindred nations and for the world. The last lustrum of your threescore and ten, if now merged in victory, has been a time of war and desolation, of broken peoples and stricken homes; yet through this clamor and destruction your voice, among the voices in the serener air of faith and truth, has not failed, nor your labor for the sufferings of others grown weary.

But, while thus we celebrate your leadership in the relief of sickness and adversity, we are far from forgetting the sunnier theme—the debt, none the less, which we owe to you in other fields of thought. In you we see the fruitfulness of the marriage of science and letters, and the long inheritance of a culture which, amid the manifold forms of life, and through many a winter and summer, has survived to inspire and adorn a civilization which so lately has narrowly escaped the fury of the barbarian.

And now I will not avoid a topical allusion—an allusion to your recent presidential address to the Classical Association at Oxford; an address which, in its various learning, its wisdom and its wit, brilliantly illustrated this fecundity of letters and science, embodied the common spirit of science and art, and conferred a distinction upon our profession.

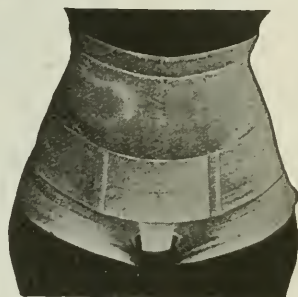
In these volumes we hope you will find the kind of offering from your fellow workers which will please you best—immaterial offerings indeed, but such as may outlive a more material gift. As to you we owe much of the inspiration of these essays, and as in many of their subjects you have taken a bountiful

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The speaker then handed the volume to Sir William Osler amid prolonged applause.

Sir William Osler, whose speech at times betrayed his emotion, said:

Sir Clifford Allbutt, Ladies and Gentlemen: As the possessor of a wild and wagging tongue that has often got me into trouble, I thought it would be better on such an occasion to make full notes beforehand of what I wanted to say. Two circumstances deepen the pride a man may justly feel at this demonstration of affection by his colleagues on both sides of the Atlantic—one, that amid so much mental and physical tribulation my friends should have had the courage to undertake this heavy two-volume task, and the other, that this honor is received at the hands of my brother Regius, a friend of more than forty years. (Applause.) There is no sound more pleasing than one's own praise, but surely an added pleasure is given to an occasion which graces the honorer so much as the honored. To you, Sir Clifford, in fuller measure than to any one in our generation has been given a rare privilege: to you, when young, the old listened as eagerly as do now, when old, the young. (Applause.) Like Hai ben Yagzan of Avicenna's allegory, you have wrought deliverance to all with whom you have come in contact.

To have enshrined your gracious wishes in two goodly volumes appeals strongly to one the love of whose life has been given equally to books and to men. A glance at the long list of contributors, so scattered over the world, recalls my vagrant career—Toronto, Montreal, London, Berlin, and Vienna as a student; Montreal, Philadelphia, Baltimore, and Oxford as a teacher. Many cities, many men. Truly with Ulysses I may say, "I am a part of all that I have met."

Uppermost in my mind are feelings of gratitude that my lot has been cast in such pleasant places and in such glorious days so full of achievement and so full of promise for the future. Paraphrasing my lifelong mentor—of course I refer to Sir Thomas Browne—among multiplied acknowledgment



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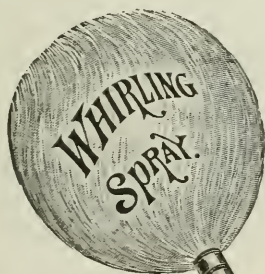
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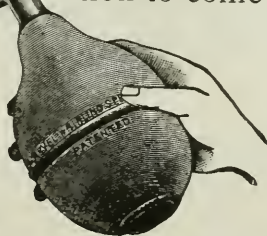
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I can lift up one hand to heaven that I was born of honest parents, that modesty, humility, patience and veracity lay in the same egg, and came into the world with me. To have had a happy home in which unselfishness reigned, parents whose self-sacrifice remains a blessed memory, brothers and sisters helpful far beyond the usual measure—all these make a picture delightful to look back upon. Then to have had the benediction of friendship follow one like a shadow, to have always had the sense of comradeship in work, without the petty pinpricks of jealousies and controversies, to be able to rehearse in the sessions of sweet, silent thought the experiences of long years without a single bitter memory—to have and to do all this fills the heart with gratitude. That three transplantations have been borne successfully is a witness to the brotherly care with which you have tended me. Loving our profession, and believing ardently in its future, I have been content to live in it and for it. A moving ambition to become a good teacher and a sound clinician was fostered by opportunities of an exceptional character, and any success I may have attained must be attributed in large part to the unceasing kindness of colleagues and to a long series of devoted pupils whose success in life is my special pride.

To a larger circle of men with whom my contact has been through the written word—to the general practitioners of the English-speaking world—I should like to say how deeply their loyal support has been appreciated. Nothing in my career has moved me more, pleased me more, than to have received letters from men at a distance—men I have never seen in the flesh—who have written to me as a friend. And if in this great struggle through which we have passed sorrow came where she had not been before, the blow was softened by the loving sympathies of many dear friends. And may I add the thanks of one who has loved and worked for our profession, and the sweet influences of whose home have been felt by successive generations of students.

To the Committee and the Editors I am deeply indebted for the trouble they have taken in these hard days, and to the publisher, Mr. Paul Hoeber, for his really pre-war bravery; and our special thanks are due to you, kind friends—and in saying this also I would associate Lady Osler with myself—who have graced this happy ceremony with your presence.—*The British Medical Journal.*



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## A Chemical Change

The professor was showing a friend round his chemical laboratory. "What has become of Jim Fillbottle;" the friend asked. "Wasn't he studying with the class last year?"

"Ah, yes," replied the professor. "Fillbottle, poor fellow! A fine student, but absent-minded in the use of chemicals—very. That slight discoloration on the ceiling—notice it?"

"Yes."

"That's Fillbottle."—*Tit-Bits.*

## I Don't

My parents told me not to smoke;

I don't.

Or listen to a naughty joke;

I don't.

They made it clear I must not wink

At pretty girls, or even think

About intoxicating drink;

I don't.

To dance or flirt is very wrong;

I don't.

Wild youth chase women, wine and song;

I don't.

I kiss no girls—not even one;

I do not know how it is done;

You wouldn't think I'd have much fun—

I Don't.

—*Anon.*

## Further Saving Possible

"Why do you live in the country, Smith?"

"So as to save money."

"Food cheaper, eh?"

"Not much saved that way."

"How, then?"

"Well, no theatres, \$50 a year; no swell restaurant dinners. \$100 a year; no taxicab fares, \$50 a year; no distractions of any kind, more saving. Get the idea?"

"Um, yes. But look here, old man, couldn't you save more money if you died?"—*Ex.*

## The Retort Courteous

At one of the cantonments the division surgeon, while going across the parade ground, passed a rookie who made not the slightest motion toward a salute. The officer called to the recruit:

"Say, how long have you been here?"

"Five days and I don't like it a damn bit—how long have you been here?"—*Ex.*

Old Lady—"So, William, you've come back to us wounded. I hear. How did it happen?"

William—"Shell, mum."

Old Lady—"A shell! Oh, dear, dear! And did it explode?"

William—"Explode, mum? Not likely. It just crept softly up behind—*and bit me!*"



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Organized in 1901, at the Winnipeg meeting of the Canadian Medical Association. Incorporated by Act of Dominion Parliament, February, 1913.

**OBJECTS**—Defends its members against cases of alleged malpractice. Annual fee three dollars, half rates from July 1st. Qualifications for membership: All members of the Canadian Medical Association in good standing, may be enrolled upon the payment of the annual fee. All other regularly qualified practitioners may join by having their application approved by any two members of the Canadian Medical Protective Association.

Blank application forms and other information upon request.

Address all correspondence to the Secretary-Treasurer.

**R. W. POWELL, M.D.**  
(President)  
180 Cooper Street, Ottawa

**J. F. ARGUE, M.D.**  
(Sec.-Treasurer)  
116 Nepean Street, Ottawa



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—nor from a Ford Branch.

—nor even from one of the 750 Ford dealers.

They can be delivered "on the spot" by over 2000 garage and repair men.

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There need be no annoying delays while touring because Ford Service Stations are located everywhere.

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Never allow "spurious" or imitation parts to be used in repairing your Ford. Your repair man—if he is earnest in his desire to serve you well—can get genuine Ford parts and sell them to you at a reasonable profit.

You need never accept "spurious" repair parts. In any locality, in any emergency, there is sure to be close at hand, a Ford Service Station.

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Keep your Ford running at full Ford efficiency.

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**DEMAND**

# Genuine Ford Parts



# The Canadian Practitioner and Review

Vol. XLIV.

TORONTO, OCTOBER, 1919.

No. 10

## Original Communication

### PROLONGATION OF LIFE

By ADAM H. WRIGHT, B.A., M.D.

Two prominent Canadians died a few weeks ago; and our Dominion lost thereby citizens of great value who under ordinary circumstances should have lived and worked twenty years longer. They were Hon. Mr. Hanna and Mr. W. P. Gundy; their ages 57 and 59 respectively; both at the age of 55 being unusually healthy and vigorous. In each case death was due to over-work undertaken from patriotic motives, the one as Food Controller, the other as a member of the Munition Board. These were preventable deaths.

We have in Toronto, many persons today, strong, healthy and active, who are more than twenty years older than these two men. Let us name three.—Col. George T. Denison, our wonderfully efficient Police Magistrate, aged 80; Hon. Featherston Osler, who retired from the Court of Appeal when 72 years of age to take the very responsible position of President of the Toronto General Trusts Corporation, now aged 81. Mr. John Catto, one of our most active and energetic business men, aged 86. So far as we can judge at present, it appears likely that these three men will continue to perform strenuous work for more than ten years to come. Many of us know that Sir MacKenzie Bowell appeared to be as strong physically and mentally at 90 as he was at 60.

Many live for 90 years! a few live 100. A man of ordinary health and vigor at 50 should live to be 90 to 100.

We are apt to think in a general way that a delicate youth of 20 will not live to old age. A certain young man named Hagarty of Toronto wished to obtain a policy for life assurance about 1830, but was rejected by the medical examiner of the

\*Read in Section of Public Health, C.M.A., Quebec, June 26th, 1919.



Canada Life Company. The young man finished his course in law, practised his profession, and in time was elevated to the Bench. During his life every man, woman and child, including the chief, the office men, choremen, messengers, charwomen, etc., connected with the Canada Life died. He survived them all, and finally died as Sir John Hagarty, Chief Justice of Ontario, aged 83.

While there is no doubt that life in the open tends to produce longevity, it has been found that a large proportion of our athletes do not live to old age. Excess of physical exercise is frequently as harmful as excess in working, eating and drinking.

Some think it is not desirable to live to an age accompanied by physical and mental weakness, or to silly doting old age. We wish for nothing of that sort, we want to prolong mental and physical energy, with some enjoyment and usefulness, and without bodily suffering. The mental faculties are sometimes slightly impaired at the age of 80 or 90 as compared with those of 50 or 60; but in healthy old age, which we should always strive for, we seldom find imbecility or a lately acquired ill-tempered disposition.

How are we going to enable people to grow old happily and gracefully? *Judge* tells us of a philosopher who remarked: "I often wonder about Methuselah. He lived to a ripe old age. Yes; but I could never learn that he made any statement as to what he attributed his ripe old age."

Perhaps we might get a lesson from VanDyke's venerable "Dr. Coffin," "whose face was like a monument, and whose practice rested upon the two pillars of podophyllin and predestination." He probably looked solemn, purified the liver with his podophyllin, and convinced his patients that old age was fore-ordained for them.

In a short paper one can only make a brief reference to the hygienic treatment of advancing age. We may learn much from those who are growing or have grown old. Mr. Chauncey Depew is one of the best known, and most remarkable men in the United States. He completed his 85th year a short time ago, is strong bodily and mentally, full of cheerfulness, and now keenly interested in the "passing show" of the world's greatest crisis. He has been for more than a generation, the brightest after-dinner speaker in North America. He was, for many years, a heavy smoker—20 cigars a day: stopped 25 years ago because of insomnia, indigestion and nervousness.

He realized the danger of constant drinking and limited himself to one pint of champagne each evening after dinner, and at no other time. He avoids worry, and eats sparingly. On the advice of an English physician he gave up beef, 30 years ago, and has taken none since. Has never taken exercise; goes to his office every day; works 44 hours a week and enjoys it.

Perhaps Sir Hermann Weber, the able English writer on longevity, might consider that Mr. Depew has led an "injurious life." His habits would scarcely be termed orthodox by hygienic authorities, but his heterodoxy is interesting and worthy of some study.

He takes a keen interest in events. He says: "every day brings me a thrill, now." "This period gives me an appetite for living." He cultivates a cheerful disposition, and an even temper. Dr. Williams of Harley Street, London, England, thinks that matters of dress influence our tempers to a large extent. He speaks as follows about our neck gear: "Man, in clinging to the high collar which George IV made fashionable because he had a wart on his neck, is sinking lower and lower into irritability and headaches."

Mr. Depew, although almost a professional "diner out" is a small eater. This brings to our mind the case of the Italian nobleman, L. Coruaro, who died in 1556 at the age of 100. He had been an invalid up to his 40th year and then by rigid restriction of his diet, he recovered his health and vigor, which he preserved to an extreme old age.

Mr. Depew stopped smoking. Perhaps if he had simply cut down the number of cigars from twenty to two, he would have found results satisfactory; as we think that the moderate use of tobacco is not injurious as a rule. He cut down his alcoholic beverages many years ago, and made one pint of champagne per day the limit for many years. While this seemed to suit him we are inclined to think that is due to an idiosyncrasy, peculiar and interesting, perhaps, but very rare.

This brings up a question of interest, but too extensive and complicated for discussion in this paper. I desire however, to express my personal opinion that in a large proportion of cases a certain amount of alcohol, especially as found in Canadian rye whiskey, is beneficial for the aged.

All will agree that worry is harmful, but often difficult or impossible to avoid. The physician can, however, in many, if not in all cases, prevent some of the "worry over things that never happened."

Mr. Depew works 44 hours a week and enjoys it. We may consider three things together—work, rest and sleep. This brings to my mind the late Sir George Ross, for some time Premier of Ontario. For fifty years at least, I believe he accomplished more work per year than any other man I have known. For a long time he did not spare himself in any way but during his last fifteen years, from about 60 to 75, he was careful and methodical in his habits. He worked about eight hours (sixty minutes to the hour), spent eight and a half hours in bed, about three-quarters of an hour on a sofa each afternoon, the remaining hours in rest and recreation, the latter limited in variety because he was seriously invalided from chronic rheumatism for over twenty years. He divided his working hours into periods of about two hours each and gave his brain a brief rest between periods. Although suffering much at times, he was bright and cheerful through it all.

The report says Mr. Depew has never taken exercise. What that means is not explained. It may be that he never played baseball, football, cricket or marbles, but a busy man such as he, can scarcely go to his office, attend meetings, go out to luncheon, dinner, attend functions of various sorts without some exercise. It may be walking, but that is the best kind of exercise an aged man can take.

It would not be fitting to close even an incomplete paper like this without referring to the vast importance of regular and efficient action of the bowels. If this can be brought about without recourse to cathartic medicines, it will do much to keep smooth the path to old age.

In conclusion let me say that we should put forth all our efforts to prolong the lives of such men as Hon. Mr. Hanna and Mr. H. P. Gundy. But you may say: strong minded men are frequently or generally obstinate and hard to manage; and you may ask: can we do much for them? Yes, we can: such men are amenable to reason when things are properly explained.

In speaking or writing briefly upon such an extensive and complicated subject as the treatment of advancing age, one can only refer to certain features. Various questions arise each of which is so vast and so important that volumes might be written thereon.

In referring to overwork as a cause of death in certain cases, I do not mean to say that these men died directly of exhaustion from too much work. I have called attention to

Sir George Ross to show that a man can do an enormous amount of work, even after the age of 70, and at the same time take much enjoyment out of life, even though he is suffering more or less from bodily pain. In a social way it was always a pleasure to meet him as he was ever bright, cheerful and entertaining. But bear in mind, in his case, that he carried out a certain system of living which included work, rest, sleep and recreation, together with definite rules as to diet and the care of the secreting and excreting organs, under the guidance (I may say) of a very wise physician, Dr. Robert Stevenson.

We cannot lay down a set of rules with mathematical precision, but the general practitioner can do much in this way of assisting his patients in their advancing years. But to do this he should study each case carefully in all its aspects and endeavor to correct faulty conditions which, if untreated, will end in organic disease.

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The Nineteenth Annual Meeting of The Canadian Association for the Prevention of Tuberculosis, will be held in the Chateau Laurier, Ottawa, on Thursday, October the 9th, 1919, beginning at 10.30 o'clock. The public are cordially invited to attend these meetings.

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The next meeting of the American Public Health Association will be held in New Orleans, October 27th to 30th. The official journal tells us that New Orleans is a city with history and beauty, with an individuality all its own, and a striking architecture suggestive of tropical climes, which impresses itself on the visitor. It lies at the mouth of the Mississippi, at the head of the Gulf of Mexico, and is the gateway between a vast interior country and the ports of the world.

Those who wish to attend are advised to consult their local railway agents for winter tourist rates to New Orleans, and thereby save about 10 per cent. on each ticket.

## Editorials

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### THE ONTARIO GOVERNMENT

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It was announced, September 24th, that Dr. (Brig.-Gen.) Arthur E. Ross, who has represented Kingston in the Ontario Legislature for some years, has been made a member of the Provincial Cabinet, as a representative of the returned soldiers. He is, at present, without portfolio, but it is expected that he will soon be given a more responsible part in the management of Provincial affairs.

It is properly stated that the Department of the Provincial Secretary has developed to such an extent that it is too heavy a load for a single Minister, although it is generally acknowledged that the Hon. W. D. MacPherson has carried the load well up to the present time.

Dr. Ross is 48 years of age, and is a native of Ontario. During the South African War he enlisted, and fought as a private, and, later, gave good service as a surgeon. After the war broke out, he went overseas as soon as possible, and rendered wonderfully good service during the whole war.

Sir Arthur Currie said recently at the Toronto Exhibition that "it was largely due to General Arthur Ross that the wastage in the Canadian Corps was lower than in any other unit of the British Army." We are told, by those who know, that, from the beginning to the end of the war, Dr. Ross worked with enthusiasm close to the firing line, endeavoring to save Canadian lives. He was several times offered work of a less exacting nature outside the danger



zone, but he refused every such offer, including one of a very flattering character, namely, Director of Medical Services with the British Army. It is also correctly stated, as we are told by many, that he learned from actual experience probably more about the hardships and suffering of our army than any other man in the service.

Since his return to Kingston, the newspapers of that city speak of him with the highest praise. *The Standard* declared that "in all the years of his life, the idea of service has been uppermost in his mind—service with self-sacrifice. Whatever he did, he did because duty, and a realizing sense of obligation, impelled him."

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#### MILITARY TRAINING

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In the consideration of military training, we may now (we hope for some time) leave Germany out of the question. The system of that country had in view nothing but destruction, the killing of other peoples, all sorts of barbarity, and, in connection therewith, insane desires for conquest. At present we should prefer to consider the effects of military training in Switzerland, where it is intended, as every one knows, for purely defensive purposes. The results in that country have been satisfactory, even from the point of view of extreme pacifists, who are willing to study all aspects of the question in a reasonable mood. The military training has not engendered any aggressive war-like feelings, nor any desire for conquest. Fortunately, also, the Swiss system has nothing in it such as we see in conscrip-

tion, which certainly never will become popular in Great Britain or Canada, in no small part because, having tried it, we know what it means.

We think it may be assumed that the condition of preparedness in Switzerland has been the one thing in the past which has prevented attacks from Germany or Austria or some of the other smaller turbulent and equally unscrupulous countries.

A private member of the Dominion Parliament, Mr. Herbert Mowat, has introduced a bill to establish a National Service for the defence organization of Canada, pretty much like that of peace-loving Switzerland, and to some extent like that proposed by the American Secretary of War, Mr. Baker, who is really a Pacifist and has always been opposed to compulsory service, according to the German or any similar conscription plan.

Let us consider the question from a purely medical standpoint. Compulsory military training is what the *Spectator* (Eng.) describes in a very apt phrase as "An Automatic Register of National Health." The effect of sensible physical training for growing boys and girls is good, as would be generally admitted, but what is known as the military is without doubt the best kind of physical training for growing boys and young men. The improvements effected by proper diet, regular life, and healthy exercise, are really beyond description. They may be demonstrated by visual means, but cannot be explained in writing. They are, in fact, greater far than the uninitiated would consider possible. It makes our youth virile, and finally makes us a nation of men.

In addition to the physical benefits, the system is

essentially democratic, and therefore peculiarly suitable for our Dominion, which many, if not all of us, consider the most democratic democracy in the world. Let us try to make it the most virile democracy in the world.

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#### ADOPTION OF CHILDREN

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There is, in England, an organization known as The National Adoption Society, founded in Cambridge, by University people, in 1916. One of the main objects is to provide homes for "thousands of babies left homeless and parentless by the war." Much good work has been done already, and many children have been adopted, and placed in homes of all classes, not only in England, but also across the seas, in Canada, Australia, South Africa, and the United States. Similar work is done elsewhere. The Spence Alumnæ Society of New York has an adoption scheme very like that of Cambridge. (Miss Plows-Day, *Spectator*, July 26th).

A correspondent (Edith Wethered) writes in rather a querulous tone (August 9th), and says Miss Plows-Day hardly discloses the fact that the Society seeks to relieve unmarried mothers of the inconvenience of unwanted children, and thus gives a certain encouragement to illegitimacy.

The Editor of the *Spectator*, in commenting, says that during the war a certain number of married women have had illegitimate children, and, now that the husbands have returned to their homes, and to their wives, such children would probably be happier if adopted under scrupulously careful provisions, and he expresses the positive opinion that "there

should be an adequate law of adoption in Great Britain."

We understand that an act for the adoption of children has been in force in New Zealand for more than thirty years, and has been very beneficial to the community.

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### INFLUENZA

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At the last meeting of the American Medical Association a resolution was passed that the Congress be urged to appropriate \$1,500,000, to be used by the Public Health Service for the investigation of the causes, prevention, and cure of Influenza with its complications.

The following definite opinions were expressed after careful consideration: The epidemic will likely recur as it did after those of 1867 and 1889. Its origin is still undetermined. A real antitoxin may be discovered after the recognition of the germ, as in the case of malaria and typhoid. The after effects are always very serious. The economic loss to each country is enormous.

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### NEW SCHOOL OF HYGIENE

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In October, 1918, a School of Hygiene and Public Health was established in Johns Hopkins University, Baltimore. This was made possible by gifts from the Rockefeller Foundation. A former Physics Laboratory was fitted up in a fairly satisfactory way for the present purposes. The erection of a permanent building is contemplated in the early future.

There were 17 students in attendance at the last session, and it is expected there will be a considerable increase next session.

The new school will provide courses in both primary and final medical subjects, and will also devote much attention to vital statistics, engineering, and the sociological aspects of Public Health. Much attention will be paid to the standards of food for human beings under various conditions, also to industrial hygiene, and studies will be made as to fatigue, occupational diseases, light, ventilation, and the medical care of employees.



## News Items

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### SHERBOURNE HOUSE CLUB

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This House Club has accommodation for about 150. It has been in existence for about two years, and, during that time, 254 business girls have been accommodated with board and lodging.

During the war the girls contributed \$2,000 to the Red Cross and other societies, knitted 300 pairs of socks, sent 500 Christmas boxes overseas, aggregating \$5,750 in cash, and also purchased \$25,000 in Victory Bonds.

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### THE NEW TRINITY COLLEGE

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The new building for Trinity College will be erected in Queen's Park, north of Wycliffe College, on that portion of the Park which lies between that Institution and MacMaster University.

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At the great Prohibition Meeting in Massey Hall, Toronto, the Reverend William Sunday came near the edge of the platform, waved his arms, and said:

"I suppose some church people will vote for the saloon. I can't understand it, but"—and there he paused for emphasis,

"Hell will be so full of such church members that their feet will stick out of the windows."

We understand that the Directors were so charmed with the oratory of this cultured and scholarly divine that they induced him to attend one of their formal gatherings at which he delivered an address, which, however, proved slightly disappointing, because it came a little below his usual high standard.

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The American Journal of Public Health says:

"You can kill two birds with one stone! Get your new member and bring him to New Orleans!"

The new member might, of course, prove very useful as a pathological specimen, but we doubt if many would choose to be present in such a capacity!

The Old Central Prison, West of Strachan Avenue, Toronto, where our friend, Dr. Gilmour, spent so many years of his useful and active life, has been demolished by the G.T. and C.P. Railway Companies, who acquired it some years ago. The prison was built in 1873.

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The Ontario Hospital at Orpington, England, was closed about the middle of September. We are told that, at the time of writing, it seems probable that it will be sold to the British Pension Authorities as a home for disabled pensioners, or to the London County Council to be used as a home for city children needing fresh-air treatment.

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The Sydenham Military Hospital, named after Lord Sydenham, a former Governor-General of Canada, erected at Kingston, was finished about the middle of September. The old Onagawanda Building has been converted into a Nurses' Home, and the new group of buildings forming the hospital will accommodate over 400 patients.

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Dr. R. M. Mitchell, Superintendent of the Weyburn Mental Hospital, Sask., visited Toronto the first week in September, and, after an inspection of several institutions in that city and in Whitby, Cobourg, Kingston and Brockville, he then went on tour of inspection to New York, and other cities in the United States. At the end of his tour he expected to take a course at the Rockefeller Institute, Baltimore, or at that branch of the Rockefeller Institute which is in Baltimore. Dr. Mitchell took an active part in politics, was elected a member of the Saskatchewan Legislature, and was, for some time, "Speaker of the House," until last March, when he resigned to take up his new position in the Weyburn Hospital.

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The President of the Association of Military Surgeons of the United States has extended a very cordial invitation to the Officers of the Medical Service of the Canadian Forces to attend the Annual Meeting of the Association which will be held in St. Louis, Mo., from the 13th to the 15th of October next.

The Assembly Rooms for the Meeting will be at the Hotel Statler in that City.

The Director-General of Medical Services will be glad if Medical Officers on the Reserve of Officers, C.E.F. who can do so, will take advantage of this kind invitation. Those desiring to attend the Meetings in Uniform will receive the necessary authority on application to District Headquarters.

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Dr. I. N. Cherniak, of Windsor, was charged with breach of the Ontario Temperance Act last spring, found guilty, and fined \$200. On account of this conviction his name was erased from the register of the Ontario Medical Council at its last meeting, July 7th. Dr. Cherniak appealed from the magistrate's decision in March, and his appeal was dismissed by Judge Clute. He has now appealed against the decision of the Medical Council to the Ontario Supreme Court. The notice of the last appeal sets forth that there was no evidence that he was convicted of an indictable offence, and that he had not been guilty of disgraceful conduct. He maintains that a patient asked for a quart of liquor, and that he thought six ounces sufficient, and gave her that amount. The fact that she was found intoxicated afterwards does not prove that he was guilty of unprofessional conduct.

## Personals

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Dr. J. C. Calhoun announces the reopening of his practice in the diseases of eye, ear and throat, at 155 Bloor St. East, Toronto.

Lieut.-Col. R. S. Pentecost has returned from overseas service in the C.A.M.C., and resumed practice in diseases of the eye, ear, nose and throat, at 90 College St.

We are glad to announce that Dr. George W. Ross, 627 Jarvis Street, has quite recovered from his recent illness, and has resumed practice.

Dr. George Smith, 244 Bloor St. West, Toronto, announces that he is limiting his practice to the diseases of children and diseases due to protein sensitization (hay-fever, asthma, eczema).

We are glad to announce that Col. Geo. Nasmith, C.M.G., Director of Laboratories, Department of Health, Toronto, has quite recovered from his recent illness.

Dr. Perry Goldsmith, the throat and ear specialist, has returned after four years' service overseas, and has resumed practice at 84 Carlton Street, Toronto. Dr. Goldsmith was one of the first medical men in Toronto to enlist, and he went to Valcartier with the Third Battalion. He was very busily employed during almost his entire absence from Canada, and he occupied many responsible positions in the Canadian Medical Service. He was mentioned twice in despatches, and was decorated with the C.B.E.

## Obituary

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### ABRAHAM JACOBI, M.D.

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Dr. Jacobi was possessed of strong personality, charming individuality, and great ability. He was, for the last thirty years, probably the most popular and, at the same time, the most highly respected physician in the United States. For certain reasons he was called "The Nestor of American Pædiatrics." We think he should be called "The Nestor of American Medicine."

During his long career he held practically every honor which the medical profession of the United States could confer upon him.

He was a German born, and received his medical education at the Universities of Greifswald, Gottingen, and Bonn; but he was an ardent American, and when he was urgently invited to become Professor of Pædiatrics in the University of Berlin, he refused as follows: "I was, I am, rooted to the American profession that I have observed to evolve without governmental aid out of its own might to become equal to any on the globe."

He died suddenly at his summer home, Lake George, N.Y., July 10th, in his 90th year.

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### CHARLES DUNCOMBE, M.D., L.R.C.P. (Ed.).

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A terribly sad tragedy occurred when the well-known and popular Dr. Charles Duncombe was killed in an automobile accident, September 14th. Dr. Duncombe was driving the car, in which, besides himself, were his wife, brother, and sister-in-law. While he was driving along the Cockshutt Road, a car came suddenly around a corner and plunged at right angles into his car, seriously injuring himself, his brother, and his sister-in-law. A Brantford motor ambulance was rushed to the scene, and conveyed the injured to the city, but Dr. Duncombe died on the way.

He graduated from Trinity University in 1883. He went at once abroad for Post Graduate work, and became L.R.C.P. (Ed.). He returned to Canada, and commenced practice in



St. Thomas. There he soon acquired a large and lucrative practice which he retained up to the day of his death.

We understand that the report of his death caused the greatest shock in St. Thomas which that city has ever experienced.

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**IVAN DWIGHT HAYES, M.B.**

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We have to announce with regret the death of another of our medical patriots. Dr. Hayes graduated, M.B., from Toronto in 1914. After long continued service he contracted heart disease, on account of which he was relieved from duty. After a rest his condition was much improved, and he commenced practice at 224 Davenport Road, but strength never returned to him, and he died somewhat suddenly, September 12th, aged 34.

## Book Reviews

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*Progressive Medicine.* A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences, edited by HOBART AMORY HARE, M.D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia, assisted by LEIGHTON F. APPLEMAN, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia, Vol. III, September 1, 1919; Lea & Febiger (Philadelphia and New York), \$6 per yr.

Ewart's summary of the literature of thoracic diseases is a masterpiece and reaches an unusual high mark. He sums up the advances in this department of internal medicine in a clear and succinct manner which is almost entirely impersonal, and as such is an example to many writers on this continent. Gottheil deals with dermatology and syphilis in a few pages, Davis with obstetrics and Spiller with diseases of the nervous system.

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*Pulmonary Tuberculosis.* BY MAURICE FISHERBERG, M.D., Clinical Professor of Medicine, New York University and Bellevue Hospital Medical College; Attending Physician, Montefiore Home and Hospital for Chronic Diseases, New York. Second edition, revised and enlarged, illustrated with one hundred engravings and twenty-five plates. Lea & Febiger, Philadelphia and New York. 1919.

A careful perusal of this most excellent monograph is of particular interest in that the writer has been enabled from an experience in tuberculosis clinics in a large city to advance ideas on the infection, course and methods of handling cases of pulmonary tuberculosis, which, in many respects, are new, and differ from the views expressed by men who study the diseases more largely from the standpoint of the sanitarium clinician. A tremendous amount of detail has been amassed by the author and the references are numerous. The whole field has been well covered. Radiographic interpretation comes in for considerable discussion, while the therapeutics has eleven chapters

devoted to it, thus showing that the writer is no therapeutic nihilist.

Both general practitioner and chest specialist should see that their library holds, and that they themselves read, this valuable contribution to medical literature.

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*International Clinics.* A quarterly of illustrated clinical lectures and especially prepared original articles on medicine, by leading members of the medical profession throughout the world. Edited by H. R. M. LANDIS, M.D., Philadelphia. Vol. I, 29th series, 1919. Philadelphia and London: J. B. Lippincott Company. 1919.

The volume opens with eight excellent clinics in medicine, surgery and obstetrics. This is followed by articles on medicine, public health and surgery, and at the end over one hundred pages are devoted to the progress of medicine. This is particularly commendable, for it has been written as short as possible, and yet contains everything that one would require. International clinics have greatly improved during the last few years.

## Selected Article

### VARIABILITY IN VULCANIZATION THE CAUSE OF PSORIASIS

By GEORGE ELLIOTT, M.D., TORONTO.

Man has a vulcanized skin. Analogy is therefore suggested between human skin and vulcanized India-rubber. Considerable interest and value will be obtained in this connection by a brief historical and descriptive account of the sources and properties of rubber, and the trade process of vulcanization as carried out in rubber industrial plants.

Dr. D. Spence<sup>1</sup>, in an article specially written for the official report of the Fourth International Rubber Congress, 1914, states: "In the year 1615, Juan de Torquemada, issued a report in regard to a tree from which the inhabitants of Mexico extracted a milky liquid which the Spanish invaders afterwards used to make their garments waterproof." This milky liquid is known as latex, and comes from certain tropical and subtropical trees and vines, indigenous in America, Africa and Indo-Malay. Sections of these latex-producing plants when examined under the microscope show this milky liquid is found in well-defined, latex-vessels, or canal-like structures, distributed in a definite manner throughout certain parts of the plants, and a scientific knowledge of the distribution of the latex system is essential in "tapping."

When the milky fluid, or latex, itself, is subjected to microscopy, it is found to be an emulsion of minute, oil-like, refractive globules, varying in size, in rapid Brownian movement, suspended in a clear liquor or serum. It is faintly alkaline in reaction like most physiological fluids in metabolic processes. This fluid, Dr. Spence says, resembles milk more closely than has been hitherto believed. Even the acidity developing in fresh latex on standing is said to be analogous to the souring of milk, brought about by similar agencies.

On chemical examination latex is not merely an emulsion of fine caoutchouc globules in water, for it contains besides resins, protein, sugars, alkaloids and several salts of acids. These vary with the botanical sources of the latex. There are also active substances known as enzymes. These are said to be of great

importance commercially in the preparation of rubber, and physiologically for the part they play in metabolic processes. They are at once the cause of the acidity of fresh latex and the spontaneous coagulation of the fluid. The dried-up or coagulated latex is the India-rubber of commerce.

Sulphur plays a predominating part in the vulcanization of rubber, formerly by means of carbon bisulphide, but latterly more by chloride of sulphur. Indeed, the largest part of rubber goods is manufactured by this means. There are two distinct processes known in the industry, that by heat and that by cold.

These questions were submitted to the chief chemist of an industrial rubber plant in Toronto, and the following replies elicited thereto:

Q.—What difference is there in the percentage amount of sulphur in hard rubber goods; say mouthpieces of pipes, and softer goods, like surgeons' gloves?

A.—About thirty per cent. sulphur in hard rubber goods; in the lighter grades, such as rubber gloves, no sulphur, but when these are washed in chloride of sulphur solution, a chemical combination takes place between the chloride of sulphur of the wash and the rubber.

Q.—If more sulphur goes into rubber than necessary, what is the result?

A.—It makes the product brittle and dark.

Q.—What is the chemical nature of the grayish dust on rubber goods?

A.—Mostly sulphur bloom.

Q.—Is there any vegetable protein in rubber?

A.—Yes; possibly one to two per cent.

(Spence says Para rubber seldom contains more than four per cent. protein, but the rubber from *Manihot* or *Castilloa* latex may contain as much as ten per cent.).

Vulcanization, discovered by Goodyear, renders rubber more elastic, durable, malleable, and resisting, and impermeable. It thus gives to rubber its commercial value.

To the scientists in the rubber industry, vulcanization for a long time has been the great problem, *i.e.*, the nature of the combination of the sulphur with the rubber during vulcanization. Possibly they have arrived nearer the truth since the theory of depolymerization and repolymerization of rubber which was first advanced by Bernstein after scientific experiments.

Polymerism is defined by Cattell (*Lippincott's New Medical Dictionary*): 1. Excess in the number of parts. 2. A variety of



isomerism characterised by difference of molecular weights, the molecular weights of the polymers (one of the series of polymeric compounds), being multiples or submultiples of each other.

Bernstein<sup>2</sup> claims that rubber must be depolymerized before it can enter into reaction, and that oxidation of the rubber is so brought about by heat, work or light. Under the action of sulphur it is vulcanized by a process of repolymerization. This can be brought about by actinic light. By actinic action less sulphur is required; and the repolymerization of the India-rubber by sulphur he speaks of as a catalytic reaction. The reaction is chemical in cold cure, but in vulcanization by heat or light, nothing definite has been settled. However, of the two theories of vulcanization, physical and chemical, Skellon<sup>3</sup> does not consider it to be by any means a finished work.

Man has a vulcanized skin. In the upbuilding of the epidermis, each cell of the basal or stratum germinativum layer selects and absorbs for its special metabolic function the particular element or elements required from the lymph spaces. By the constant process of mitosis of the cells of the basal layer new cells for the rete malphigi or prickle cell layer are being produced; and by special differentiation finally is evolved immediately above the stratum lucidum, the most perfect horn cell, which might be called the basic layer of the corneum, or what Unna calls the super basal layer of the corneum, he styling the stratum lucidum as the basal layer of the corneum, so dividing the corneum into four layers by reason of each responding differently to staining reaction. Macleod<sup>4</sup> states that the epithelial fibres or prickle cells of the rete persist in these cells and have been transformed into the highly resisting sclero-protein, keratin. A fatty or waxy substance has taken the place of the eleidin and hyaloplasm of the cells, while the spongioplasm in its peripheral parts has also been transformed into keratin. Ranvier<sup>5</sup> considers that the existence of the fatty or waxy substance of the corneal cells, which he likens to beeswax, plus the keratinized prickles and the peripheral parts of the cells make of the stratum corneum a waterproof coating to the body. Hence is suggested the analogy of the skin to a thin coating of rubber.

The keratins are scleroproteins and form the hard structure of hair and nails, in addition to being present in the skin. The chief characteristic of them is the high sulphur content they contain—as much as fifteen per cent. of keratin in human hair, and the sulphur in keratin is generally loosely combined. Moreover, Haliburton<sup>6</sup> says: “The continual shedding of epidermal

scales is in reality an excretion. Keratin, of which they are chiefly composed, is rich in sulphur, and, consequently, this is one means by which sulphur is removed from the body."

Macleod in writing on the process of cornification, whereby an epidermal cell is transformed into a resisting horn-cell, states "there is no unanimity among histologists with regard to the process of cornification, and one of the most important problems in the histology of the skin remains yet to be solved. Perhaps closer consideration and a fuller study of vulcanization may lead to a solution of the problem. Cornification or natural vulcanization may make of the corneal layer a factor in the elasticity of the skin, which may not be altogether attributable to the collagenous fibres, which are now believed to have greater elasticity than the elastic fibres of the corium.

The histo-pathology of psoriasis is thus described by Macleod: Psoriasis is the classical example of slight oedema of the epidermis, with "parakeratosis." The cardinal feature in the histology of a recent papule of psoriasis may be thus briefly tabulated:

1. Dilatation of the blood vessels chiefly affecting the veins of the papillary and sub-papillary layers of the corium.
2. Elongation of the papillae.
3. Cellular infiltration and oedema of the superficial layers of the corium.
4. Proliferation of the prickle cell layer, with down growth of the interpapillary processes (acanthosis).
5. Dilatation of the interepithelial lymphatic spaces.
6. Deficiency of the transitional layers and imperfect cornification.

A striking feature of the picture of a section of a recent papule is the collections of broken-down leucocytes between the horny lamellae. The cells in the horny lamellae are moist, retain their nuclei, but are deficient in keratin. These horn-cells are soft and pliable and adhere together in squames and lamellae, so cannot usually be rubbed off separately. In perfect cornification dry squames or cells are constantly being shed. There is no actual, or parenchymatous, oedema of the prickle cells. The granular layer of the epidermis and the stratum lucidum are absent; so too are keratohyalin granules and eleidin droplets invisible. The basal layer of the epidermis is everywhere perfect.

Sulphur is ingested in organic and inorganic form, but it is organic sulphur which is of interest here. It is principally incorporated in fibrin, egg albumen, casein, corn, turnips, cabbage,

cauliflower, asparagus, white bread, brown bread, apples, pears, gooseberries, onions, celery, potatoes, etc. In the final digestion of the protein products in the alimentary canal, just before absorption into the blood stream, the only amino-acid of special and significant importance in this connection is cystin; because all the sulphur ingested is gathered into the cystin molecules, and in these the sulphur is loosely combined.

Chipman<sup>7</sup> makes this significant remark: "When the amount of nitrogen eliminated is less than received in protein there is evidently a storing up of nitrogenous substance." As the excretion of sulphur parallels the excretion of nitrogen, may not this too apply to sulphur? "The sulphur of protein is contained in the amino-acid cystin, and cystin is absolutely necessary for nutrition. A satisfactory protein ration must include such proteins as contain cystin in sufficient amount." And further: "Cystin is of importance in metabolism, because it is the only known sulphur-containing amino-acid in the protein molecule."

In addition to the elimination through the urine, and in the stools, sulphur is eliminated in the skin excretions. Small quantities are also cast off through the growing nails and growing hair, by clipping. "The amount of sulphur passing through the skin is estimated at 30mg. per day."

Cystin, according to Plimmer<sup>8</sup>, is present in greatest amount in some of those proteins belonging to the group of scleroproteins, namely, the keratins. It has been found in the liver and other organs.

When absorbed into the blood stream from the alimentary canal, no evidence has been obtained that cystin has undergone any change as such. Indeed, one author, already quoted, speaks of cystin as being present in that state in the liver, but whether in the liver cells, or blood vessels, was not made clear. It is known, however, that taurocholic acid, which contains sulphur, originates there, and that it is thereafter in the blood stream, as, according to Croftan<sup>9</sup>, all white blood corpuscles contain taurocholic acid. It is also known that sulphur is present in haemoglobin.

Thus when the blood arrives in the vessels of the *pars papillaris* it is in close contiguity to the layer of basal cells of the epidermis, the stratum germinativum, each of which cells, like all other cells of the body, extracts from the lymph spaces surrounding them, the essential element or elements for their metabolism.

Three striking features of the sectional histo-pathological picture are: the disintegrated white blood corpuscle collections

among the cells of the corneum, or as they have been called the cold or chronic abscesses of that layer; the increase in the number of prickles, especially in the interpapillary spaces, or bodies, being absent over the apices of the cones; and the absence of any parenchymatous oedema of the prickles. Now recall here the fact that when too much sulphur goes into the vulcanization of rubber, it becomes brittle. Have the white blood corpuscles carried too much sulphur to the prickles of the rete, so that they become brittle and fail to keratinize, or vulcanize? Is the increase in cellular production of the interpapillary body an effort on the part of nature to take up and assimilate the surplus sulphur—a “speeding-up,” as it were?

To what is the silvery color of the corneal squames due in psoriasis? Whether it has been absolutely proven or not, opinion holds to the presence of air amongst the cells. Might it not be due to the escape of  $\text{SO}_2$ ?

Thompson<sup>10</sup> is interesting in this place. “The sulphur vapor is highly irritating”—there is irritation in psoriasis. “The vapor is liberated in . . . bleaching various products. . . Sulphurous acid is used as a bleaching agent . . . and is employed in bleaching . . . animal tissues, as wool, hair, bristles, feathers, down”—substances which contain keratin in considerable percentages. Small quantities, minute amounts of  $\text{SO}_2$  do not emit odor, so there would be no odor from a psoriatic skin. It appears quite reasonable to assume, therefore, that sulphur vapor is liberated, irritates the epithelial layers, and bleaches the squames.

Something about the excretion of sulphur other than by the skin should be noted, particularly through the channel of the kidneys. As is well known, it appears in urine, according to Croftan, either in combination with alkali, or with certain aromatic constituents of the urine, together with that portion of sulphur which seems to escape oxidation into sulphuric acid and which forms complex compounds, such as cystin, etc. This portion of sulphur is known as “neutral sulphur compounds.” Therefore, there are in the urine preformed or mineral sulphates, conjugate or aromatic or ethereal sulphates, and the neutral sulphur compounds. Of the preformed sulphates but a small quantity is ingested with the food, the bulk of them being derived from the catabolism of the food or tissue albumen, *i.e.*, the total sulphur is largely dependent on the degree of intercellular disassimilation of albumen. The bulk of the aromatic sulphur is derived from putrefaction of albumen in the bowel. Croftan



further says that "as the bulk of the urinary sulphates is derived from the metabolism of albumen, the sulphate excretion gives us some information in regard to the degree of disassimilation of albumen in the body. The sulphur of the urine consequently partakes of the same significance as the urinary nitrogen. Whereas, however, all albumens contain the same amount of nitrogen, they do not all contain the same amount of sulphur (0.8 to 2.1 per cent.); consequently a change in the kind of albuminous food eaten will determine a change in the sulphur excretion but not in the nitrogen excretion, provided the quantity of albumen remains the same."

Schamberg<sup>11</sup>, who has done considerable and exceptionally original work in psoriasis, Ringer, Raiziss, and Kolmer, have shown that psoriatics tend to retain nitrogen in the skin, as well as in the system generally, but apparently have overlooked, or wholly disregarded, any part which might be assigned to the role of sulphur. Is there, then, in psoriasis, an overcharging of the cutaneous system with sulphur, a diminished excretion of sulphates, and an aberration in the requisite sulphur content which fails to produce the exact vulcanization of the normal skin?

Some concluding remarks would seem to confirm the theory of variability in vulcanization of the skin as the cause of psoriasis. Although a case or two of psoriasis of the buccal mucous membrane has been reported, it is not possible for such to occur for there is no cornification of the squamous epithelium, and consequently, no keratin or sulphur required in that situation.

From the microscopic study of a saggital section of the lower lip of a child, Krause says: "A different picture presents itself in the epithelium of the mucous membrane (schlep). We first notice its great size. It consists of many more strata of cells than did the epidermis and, while there is some horny material in the most superficial layers, there are no non-nucleated horny scales, thus keratosis is incomplete."

There is a deficiency of keratin in the scales of psoriasis, and the nuclei persist in these, which distinguishes hyperkeratosis in which the nuclei are absent, from parakeratosis in which the nuclei persist.

As a rule psoriasis appears on the colder surfaces of the body, the extensor surfaces; it tends to get well with warmth and sunlight. In the tropics it is said to be very rare, scarcely, if ever, occurring. In the Southern States, it is about one to two per cent. of all skin diseases—and it is said to be extremely



rare in the negro race, who can quite likely take care of all sulphur ingested and convert it into melanin which is a keratinised product. In the temperate regions, its incidence is about four to five per cent. of all other diseases of the skin; whilst in Scotland and Iceland it is about eight per cent. Practically all patients with psoriasis are large consumers of the food stuffs in which sulphur abounds; and the nitrogenous foods are now pretty generally prohibited in patients with this disease. It has been noticed to disappear more rapidly during confinement to bed with warmth, and in training for athletic contests.

One digression: In fevers, such as typhoid and possibly influenza, there is a rapid excretion of sulphates in the urine, and often rapid falling of hair as a result. This needs further investigation. Indeed, the entire role of sulphur in the economy seems to be worthy of further study and experimentation.

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## Selections

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### THE DIETETICS OF DIABETES AND GLYCOSURIA

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A regulated diet is the sheet anchor of treatment in diabetes. Nothing can take its place. Drugs are of little avail, even codeine having but a limited scope. The essential feature of diabetes is an exaggerated katabolism, probably excited through the sympathetic. This shows itself first and chiefly in carbohydrate metabolism, partly because certain ductless glands under sympathetic stimulation throw more sugar into the blood-stream, but largely because carbohydrates form at least 70 per cent. of the normal diet. Hence in the milder cases of glycosuria regulation of the carbohydrate intake may be sufficient. In the severer cases it is inadequate. For the evidence points to increased katabolism of proteins, fats, and even of the inorganic salts.

Limitation of the carbohydrate intake was an important step in treatment: for many years this dominated our ideas. The sole aim was a diet without carbohydrates. But on general principles it might be expected that it would not be possible suddenly to change from a diet in which proteins and fats formed less than 30 per cent. to one in which they alone entered. When it was realized that serious symptoms and even coma might be thus produced, more gradual restriction was practised, but the ultimate aim remained the same.

Then came the recognition of the significance of acetonaemia; it was due to incomplete oxidation of the fats. In Rosenfeld's phrase, fats are consumed in the fire of the carbohydrates, and the acetone bodies have been called the smoke from the fires of metabolism. This smoke is a poison. The diacetic acid, which is derived from incompletely oxidized fat, is injurious not simply because it is acid—else would adequate administration of alkalies be effective; it is poisonous even in the form of a neutral diacetate.

An attempt was, therefore, made to find some form of carbohydrate which the diabetic could assimilate. Hence the so-called oatmeal cure and potato cures. These lines give but limited success. *Laevulose* can usually be tolerated in small amounts, it is true, but its expense makes it impracticable for

routine use. The chief factor in deciding the assimilability of a carbohydrate is its slow absorption. The more quickly a carbohydrate enters the blood-stream, the more likely is it to overflow into the urine. Hence the error of all processes of malting the starch, too often recommended.

The recent advance in the dietetic treatment of diabetes is due to convergence of three lines of research—the influence of protein in exciting glycosuria, the value of green vegetable and egg diet, and the value of fasting.

Von Noorden maintained that meat protein was tolerated least, then casein, next cooked eggs, and finally vegetable proteins, particularly gliadine, which was borne best of all. Proteins can yield carbohydrate fractions, but probably their main influence is due to their stimulating effect on tissue metabolism. Allen found an additional reason for their effect in exciting glycosuria when he discovered that anything which increased the external secretion of the pancreas diminished its internal secretion.

The diet of green vegetables and eggs was introduced by Von Noorden as part of his oatmeal cure. 2 days of this diet being prescribed both before and after 3 days of his oatmeal diet. Graham found that the benefit derived was due, not to the oatmeal days, but to the vegetable and egg days. He further suggested that the vegetable and egg days produced their benefit mainly because of their comparatively low nutritive value. The recognition of an improved method of treatment was near at hand. The credit for formulating it, based on these three principles, fasting, vegetable and egg diet, and restriction of the protein intake, belongs to Allen in America and to Graham in this country. They reached their conclusions independently. Allen's method was the result of prolonged experimental investigation; Graham's was based on clinical observation. The principles are as follows: After a preliminary fast, the diet is cautiously increased step by step, and when a certain level has been reached the carbohydrate intake is gradually increased as well. The degree of carbohydrate tolerance can thus be quickly determined, and the diet kept well within this. Days of complete or partial alimentary rest are intercalated as required.

Perhaps one of the most striking lessons from this is, that the control of glycosuria and of acetonuria are not, as we thought, necessarily antagonistic, but can be simultaneous. While it is true that sudden restriction of the carbohydrate

intake will lead to acetonuria if a liberal diet of protein and fat takes its place, it is also true that cutting down the whole of the diet practically to zero will be followed by a drop of acetonuria as well as of glycosuria. The normal individual who fasts develops some acetonuria, because he had to live on his fat, but this does not give rise to sufficient diacetic acid to produce toxic symptoms. When the diabetic takes no food, he must produce some of this fasting acetonuria, but this is more than counter-balanced by the drop in the acetonuria which had been produced by a diet poor in carbohydrate but rich in fats. Treatment is thus materially shortened, for formerly we were on the horns of a dilemma—rapid restriction of carbohydrate would produce a toxic acetonuria, while failure to restrict adequately would allow the disease to progress.

The most striking point about diabetes is that it is wasteful metabolism. The quickest way of compelling metabolism to adopt economical lines is to cut off supplies. Note the quick fall of nitrogenous output as soon as no food protein is taken. The old method of treatment was greatly to increase the amount of protein in the food, thus throwing fuel into the flames, for excess of protein is a great quickener of all metabolic processes. This was accompanied by excess of fat, which was incompletely oxidized with the formation of toxic products. We learned during the war that we could balance our metabolism at a much lower level than previously thought possible. And what may be but a passing phase for the normal individual must remain a permanent state for the diabetic. He must be permanently underfed to avoid overtaxing his damaged powers of assimilation. The outlook depends upon how much these powers are damaged. If he can balance his metabolism, when the calorie food is adequate to maintain life and a fair display of energy, the outlook is good; if he cannot acquire a balance until the intake is reduced too much for this, the outlook is bad.

It follows that some loss in weight is almost inevitable under the treatment, and to a certain extent this is beneficial—the amount of food required bears a ratio to the total weight of the body. The diabetic does best when his weight is somewhat below that the onset of the disease.

The actual fast, mitigated as it is by tea, coffee, clear soup, and lemonade, is usually well tolerated if the patient keeps at rest in bed. It is not nearly so drastic as the religious fasts of the Jews, when no fluids are taken and ordinary vocations are followed. The days of meagre diet, particularly that of

green vegetables and eggs, seem more exacting; appetite is excited, and then inadequately gratified. It is easier under rest in bed until the total intake approaches 2,000 calories a day.

Children seem to tolerate the treatment well. The beneficial effect of the fast is usually pronounced, and it is often easy to keep them free from glycosuria for several months. But carbohydrate tolerance steadily falls until it is impossible to stop the glycosuria. Even then, with care, it is possible to keep them in fair health and capable of enjoying life until a short time before the fatal issue, which is usually from coma.

Even in adults we have to recognise that the new treatment does not attack the underlying cause, which is hardly surprising in view of our ignorance of that cause. The disease may progress, therefore, though usually more slowly, under the treatment. The advantage of keeping the patient free from sugar is considerable: not only are his symptoms relieved, but the risk of complications is diminished. At the same time, this must not be purchased too dearly at the price of chronic starvation.

The new method has not diminished our difficulties with regard to bread. Many so-called diabetic breads are frauds. Distrust any preparation with the claim that the starch has been so treated as to render it assimilable for diabetics. On the other hand, real gluten breads are usually so unpalatable that the patient soon revolts. Less unpalatable forms of bread which are really free from starch, such as Callard's casoid bread or their Kalari biscuits, are rich in protein, and this must be taken into account in constructing the dietary. The best thing is to allow such a quantity of white bread as tests show can be tolerated, if this amounts to a reasonable quantity, and to educate patients to do without more than this, if possible. The principal lack they then experience is bulk of food, and an attempt should be made to supply this by green vegetables of low nutritive value, such as cabbage, lettuce, and watercress.

It is much easier to free the urine from sugar for a time under the new treatment than under the old, and it is not so difficult to control acetonuria. Coma is less likely to develop. But it may be impossible to keep the urine free if the carbohydrate tolerance continues to fall. The best procedure is to try Graham's method (*vide infra*), repeating it from start to finish three times, if the first or second fast does not abolish glycosuria. When the urine has been free from sugar for a few days the diet is cautiously relaxed by the successive addi-



tions first of 5 oz. of milk and then of half-an-ounce of bread every other day till sugar just returns, then interpolate a day of vegetable and egg diet. If this abolishes glycosuria, as it probably will, return to the former diet with only 75 per cent. of the carbohydrate previously tolerated. This may be regarded as the standard diet for that individual, and its carbohydrate content is easily calculated from the table given below. In order to provide some variety in the diet, the following carbohydrate values are given:—

1 oz. of bread.....	= 16 grams.
2   "   potato.....	= 16   "
2   "   green peas..	= 10   "
3   "   artichoke...	= 12   "
3   "   baked apple.	= 15   "
5   "   milk.....	= 6   "

Any permutations and combinations of these can be allowed, as long as the total does not exceed the limit arrived at as above. Say this is 60 grams, then, *e.g.*, 3 oz. of bread and 3 oz. of artichoke = 60 grams of carbohydrate. It is well to give two consecutive vegetable and egg days once a fortnight, preceded by two days of the mitigated fast once a month, unless the carbohydrate tolerance exceeds 100 grams. In that case, two consecutive days once a fortnight, when the amount of carbohydrate is reduced to one half that ordinarily allowed, will probably be sufficient. A return of sugar at any time on such diet calls for a fast day.

There is an alcoholic group, in which albuminuria and glycosuria of an amenable type co-exist. Here, cutting down the alcohol consumed has an extraordinary effect in controlling the excretion of albumen and sugar. Such cases must be due to the direct toxic effect of alcohol, and no doubt organic changes ensue if the habit is persisted in. Champagne excites a temporary glycosuria in many people.

Overaction of either the thyroid or the pituitary lowers carbohydrate tolerance, and may excite frank glycosuria. In such cases, tolerance is not likely to be less than 100 grams, and moderate restriction of carbohydrate will be sufficient if the glandular disease is also treated. Organic disease of the pancreas, on the other hand, may cause a glycosuria as severe as that met with in diabetes. Such cases are difficult to treat because if—as is usually the case—the external secretion of the gland is damaged as well as the internal, the power of digesting

all foodstuffs is impaired. Periods of alimentary rest may help both the external and internal secretory capacity; but, apart from this, we have to rely largely on such proteins as can be rapidly digested by the stomach, *e.g.*, lightly cooked and thoroughly minced meat, or such as can be dealt with by the succus entericus of the small intestine, such as caseinogen preparations and gelatine. The failure to digest fat is a serious matter for it leads to bulky, highly offensive stools and much emaciation.

The glycosuria of pregnancy (as distinct from lactosuria) is probably due to the stimulating effect on the thyroid and pituitary. It is usually amenable to moderate restrictions.

GRAHAM'S METHOD.  
(Slightly modified.)

Two hunger days. Tea and coffee as desired, and 500 cc. of Bovril and broth, made without vegetables, divided into two equal portions. Water or lemonade, sweetened with saccharine, can be taken *ad lib.*

Followed by—

*Two Vegetable and Egg Days.*

*Breakfast.*—Two scrambled eggs, with tea or coffee, 2 oz. (50 grams) of lettuce, watercress, or tomato.

*Lunch.*—8 oz. Bovril or broth. 1 poached egg on spinach. Any green vegetables with 1½ oz. of butter. The total amount of the vegetables for the meal to be 6 to 8 oz.

*Tea.*—Tea or coffee, lettuce, watercress, or tomato, 50 grams or 2 oz.

*Dinner.*—8 oz. Bovril or broth. 2 eggs, cooked as desired, *e.g.*, as savoury omelette. 6 to 8 oz. green vegetables with 1½ oz. of butter. Water or lemonade as desired.

This diet has a calorie value of 1.170 and a carbohydrate intake of about 10 grams.

*"Ladder Diet."*

After two vegetable and egg days add 50 grams of meat or 10 gs. of fish. This raises the calorie value to about 1,300. Two days later, add 50 grams of bacon at breakfast and omit one egg. Add another 10 grams of butter to the vegetables.

The calorie value is now 1.595. Two days later, add 50

grams of sardines at lunch, and omit one egg, or if the fish has previously been given, omit this and add 100 gs. of meat. The calorie value is now 1,635. Two days later, add 50 grams of ham and omit another egg. The calorie value is now 1,795. The quantities of sardines and ham may be doubled if the patient is hungry, and the degree of acetomuria is slight. This brings the calorie value up to 2,145.

This diet is generally known as the "Ladder Diet," and it will be noticed that it takes 12 days to reach the top of the ladder. If the patient is free from sugar when at the top of the ladder, add either 100 c.c. of milk (=4 grams carbohydrate) or 10 grams of bread (=6 grams of carbohydrate in war bread, 5 grams in ordinary bread). Increase by the same quantity every other day until the limit of carbohydrate tolerance is reached. If the patient is not sugar free when at the top of the ladder, repeat the whole process.

In general terms: two consecutive vegetable and egg days once a fortnight and two hunger days, followed by two vegetable and egg days, once a month, returning to the standard diet, as determined for the particular patient, immediately after these days. But the details of the after-treatment depend on the individual case. Rest in bed is advisable, at any rate till the calorie value of the food reaches 2,000.

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### Blood Chemistry

There is no field in medicine that has been developing more rapidly during the past few years than that of the quantitative determination of the nitrogenous constituents of the blood. Such an examination gives so much more information than a similar determination in the urine that discussion regarding the "nitrogen partition" of the urine, about which we heard so much only a few years ago, has almost entirely ceased. This is due almost entirely to the introduction of methods which require but small quantities of blood and are highly accurate in the determination of very minute quantities of the substances in question. These methods are alike in that they consist in the development of a color reaction after the removal of interfering substance and in the comparison in a colorimeter of the color obtained with that produced in a standard solution containing a known amount of the substance. Methods have been proposed, improved and modified so rapidly that it has been difficult at times to keep up with their changes, but some

of them have still been very time-consuming, and to run through the whole list required a fairly large amount of apparatus, much of which was quite elaborate.

Lately, however, there has appeared from Folin's laboratory a system of blood analysis (O. Folin and H. Wu, *Journal of Biological Chemistry*, 1919, xxxviii, 81) which has simplified the procedure to a marked extent. These authors recommend the use of a new protein precipitant, tungstic acid, and with the filtrate obtained by treating oxalated blood with this reagent they estimate non-protein nitrogen, urea, reformed creatinine, creatine plus creatinine, uric acid, and sugar. It is possible to perform all of these determinations with less than fifty cubic centimeters of the filtrate, which can be obtained from less than ten cubic centimeters of blood. All of the methods have been simplified, so that it would be possible to perform them in a small office laboratory, provided, of course, the necessary solutions were obtained. They are all colorimetric and therefore exceedingly delicate and are stated to be fully as accurate, if not more so, than the methods which have been used up to this time. It is not pretended that this system is the ultimate in blood chemical methods, but it is a great advance and points the way along which future methods will probably be developed. The chemistry of the blood has already been the means of furnishing much valuable information to the clinician, and it is gratifying to see its processes made available to the largest possible number of investigators.—*Medical Record*.

---

### The Nutritive Value of Yeast Protein

Thomas B. Osborne and Lafayette B. Mendel (*Journal of Biological Chemistry*, June, 1919) kept rats successfully for over a year covering the period of growth on a diet consisting of dried yeast, salt mixture, starch, butter fat, and lard. The dried yeast made up thirty to forty per cent. of the food mixture, and furnished the sole source of nitrogen as well as water soluble vitamine. Although the animals grew well to adult size in many instances it was noted that they were sterile. To determine whether this was due to a deficiency in vitamine or to some other property of the yeast, four rats fed on this diet, which contained an abundance of water soluble vitamine, were mated with vigorous females on normal mixed diets. Two of the rats were fertile, but produced inferior young; the others failed to breed, so that apparently infertility on diets

in which only a small quantity of yeast supplied the vitaminic is not caused by the yeast *per se*. As animals have tolerated such large amounts of yeast it does not seem to produce a toxic action, as has been observed by some workers, and it certainly is safe to use it in such doses as are recommended for therapeutic purposes.—*New York Medical Journal*.

---

### Surgical Treatment of Gastric Ulcer

Carlos G. Pelacz (*Medicina Ibero*), from an analysis of a series of sixty-four cases where gastroenterostomy was done, finds that there was a resultant hyperchlorhydria in only thirteen. The chemistry of the gastric contents does not seem to differ in those cases where an occlusion of the pylorus was done. The contents of the fasting stomach during the first month after operation are generally from one to two hundred c.c., the greater part consisting of liquid more or less greenish. Later than the first month the quantity of contents extracted is always small, from fifty to seventy cubic centimetres, with very little green color. The first effect noticed from a gastroenterostomy is the disappearance of pain, then there is a return of the appetite after the third day; generally there is a rapid increase of weight which in some instances is enormous.—*New York Medical Journal*.

---

### Sporting Note

"Nuxated Iron put added power behind my punch and helped to accomplish what I did at Toledo."—Jack Dempsey.

Thus the new world's champion, in large advertisements appeals in last Sunday's papers. We feel that an apology is due to our readers. We admit to a lack of enterprise in not discovering earlier what was going on behind the scenes in Mr. Dempsey's training camp. But three short years ago, Mr. Willard was telling the public—at the expense of the manufacturers of Nuxated Iron—that that marvelous "patent medicine" was the secret of his easy victories over Jack Johnson and Frank Moran. Now the Honorable William Harrison ("Jack") Dempsey—also at Nuxated Iron expense—"tells the secret" of his training, and explains how "Nuxated Iron" helped him to whip Jess Willard! Ain't science wonderful! —*Journal A.M.A.*



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dictates that coffee is harmful and that some caffein-free table drink should be used in its stead, the time-tried, favorite beverage which suits the coffee user best in taste and appearance, is

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### Angioneurotic Edema

Charles R. Austrian (*Southern Medical Journal*), divides angioneurotic edema or Quincke's disease into six types. Type 1 is styled allergic because of the fact that in the patients included in it specific sensitization can be demonstrated by the development of the symptom complex when the protein or proteins to which the individual is sensitive are ingested; a specific reaction when the particular protein is applied dermally or intradermally, and the abeyance of the symptom when the offending protein is withheld. Type 2 is termed infectious on less secure ground, but the fact that a local focus of infection is present and that the removal of the infection leads to a subsidence of the symptom is very suggestive. Probably the infectious group is really a sub-group of Type 1 and the sequence of events may be infection, sensitization with the parenterally introduced protein of the invading organism or with the interaction products formed as a result of infection, and subsequent intoxication, with the efflorescence of symptoms. To establish securely these cases as allergic it is necessary to demonstrate at least a local sensitiveness to the protein of the offending organism.

Type 3, the endocrine group, has been recognized by many observers. The frequent association of other evidence of vasomotor neurosis and the occasional occurrence of angioneurotic edema in Graves' disease are well known. The appearance of the syndrome at the climacteric, at puberty, and in relation with the menstrual periods, suggests the influence of the internal secretion of the ovary. Finally, the disappearance of the symptom in hyperthyroidism following operation and in some cases at the menopause after the prolonged administration of large doses of ovarian extract, is confirmatory evidence and indicates that hyperfunction of the thyroid gland and hypofunction of the ovaries (internal secretion) are more than casually related to the development of Quincke's syndrome. Doubtless the influence of the other ductless glands is of importance as well. Inasmuch as there is a familial tendency to dysfunction of these glands as well as to the development of angioneurotic edema, it would be interesting to study cases of familial angioneurotic edema for evidences of endocrine disease with the idea of testing the hypothesis that the familial types of the syndrome are of endocrine origin, a theory supported by the study of Hertoghe.

The thermic group, Type 4, includes the rare cases in which

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## Miscellaneous

### "Boil Cases"

During the past month an unusual number of "Boil Cases" have been encountered by physicians in different sections of the country. These painful and annoying pests, generally regarded as of little importance, respond readily to an Antiphlogistine poultice, applied hot and thick, extending over and beyond the inflamed area. If stasis and death of cells do not already exist there is strong probability that complete resolution will result instead of the destruction of tissue which often follows the use of flaxseed. Antiphlogistine acting hygroscopically strengthens the tissues by increasing the activity of the circulation, and by abstraction of superfluous serum and by diffusing the products of congestion it gives almost instant relief from pain. Ordinary poultices, in many cases, irritate the surrounding skin and encourage a fresh crop of boils, while an application of Antiphlogistine relieves the swelling of the adjacent lymph glands and through its antiseptic qualities tends to render the skin sterile, thereby lessening the probability of a succession of the ailment.

---

### Prophylaxis of Influenza

If we may judge the future by the past there is likely to be a recurrence this fall and next winter of the influenza epidemic, which resulted in the death of nearly half a million persons in this country a few months ago. In the event that this forecast proves true, what can physicians do to limit the spread of the disease and lessen its terrors?

Immunization with a reliable vaccine would seem to offer the best solution of the problem. Clinical reports on the use of preventive vaccine, as published in various medical journals in recent months, warrant this conclusion. Three instances are here cited:

In Cleveland, Ohio, last spring 3,427 prophylactic injections of influenza vaccine were given to the employees of a large manufacturing plant. Of those who received one injection, 378 developed the disease; of those who had two injections, but 37 were affected; while of those who received the full course of three injections, only 3 contracted influenza. Of the whole number attacked, seventeen died. Eleven of these





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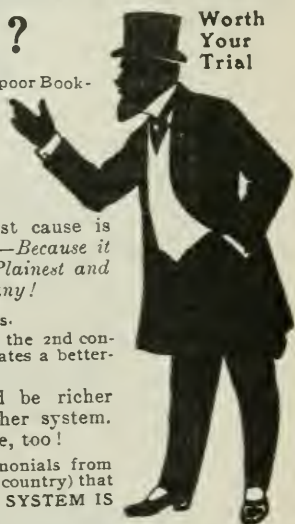
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had not been treated prophylactically, while the remaining six had had but one injection.

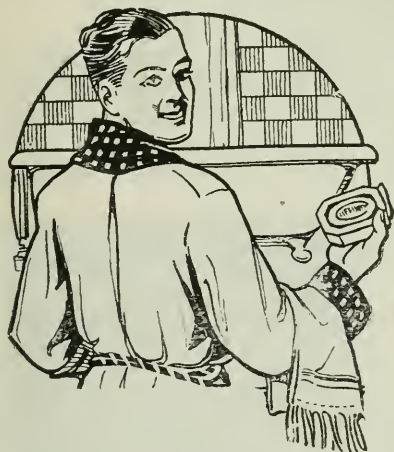
In the *Kentucky Medical Journal* for May, 1919 (page 199), the editor says: "The reports from some three hundred thousand cases indicate that the vaccine (Rosenow) decreases influenza, almost entirely prevents pneumonia, and in practically no case where it was used had death occurred."

In the *Canadian Medical Association Journal* for June, 1919, Major F. T. Cadham, C.A.M.C., reports his observations on the use of preventive vaccine in the influenza epidemic in Winnipeg. He says: "I believe the vaccine used as a prophylactic for the members of the Canadian Expeditionary Force of this district to have been of value. The incidence of pneumonia was less than one-half and the mortality rate less than one-fourth in the inoculated, as compared with the uninoculated, admitted to the special hospital under similar conditions."

---

### The Rockefeller Foundation

During the year 1918, the Rockefeller Foundation, through its own departments and by co-operation with seventeen independent agencies: (1) extended a campaign against tuberculosis in France; (2) conducted demonstrations of malaria control in Arkansas and Mississippi; (3) helped to check a yellow fever epidemic in Guatemala; (4) made investigations and surveys, and inaugurated measures against the same disease in Ecuador; (5) continued or began hookworm control, and encouraged sanitation in twenty-one foreign states and countries and twelve states of the Union; (6) entered into comprehensive co-operation for improved public health organization in Brazil and Australia; (7) supported a School of Hygiene and Public Health, which was opened in October in connection with Johns Hopkins University; (8) continued to contribute to various war-work agencies until the total given since 1914 reached nearly \$22,500,000; (9) pushed forward the fifteen buildings of a new medical centre in Pekin; (10) increased the funds of twenty-four missionary hospitals, medical and pre-medical schools in China; (11) co-operated with South American institutions in establishing certain departments of research and teaching; (12) maintained sixty-eight fellows and scholars from the United States, China and Brazil who were studying at American Medical Schools; (13) supported



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studies in mental hygiene; (14) continued appropriations for the after-care of infantile paralysis cases; (15) made additional gifts to the Rockefeller Institute for Medical Research; (16) made surveys for the American Red Cross Association.

---

The following interesting letter, written by one who has, evidently, a keen sense of humor, was received by Dr. John R. Stone, of Parry Sound:

Wahwashkesh P.O., Ontario,  
August 16, 1919.

My Dear Dr. Stone:—

Please accept the following narrative of my recent "sufferings." Please also accept my apologies for the scandalous references to the medical profession. It is merely a case of poetical license.

And it came to pass in the eighth month, the twelfth day of the month, that Job lifted up his voice and spake saying, "How are the mighty fallen. Yea in the tents of the medical profession is there great rejoicing, the sound of sharpening knives and the incense of iodiform. For upon my leg there groweth a boil and unto the man with the rubber gloves and the little knife is given the chance to look deep within me."

Then answered Bildad the Shuhite and said, "For Pete's sake what meanest thou, Job?"

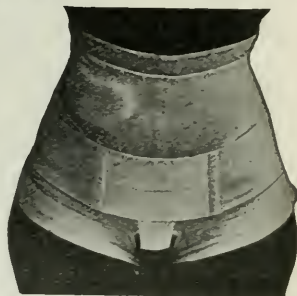
And Job continued his parable saying, "On the seventh day ere this there appeared a tiny pimple, but wickedness was added thereto and it grew and waxed great, yea it magnified itself and became even as Behemoth when he lasheth the water with his fury. Then came one with a pleasing smile and a black bag and I said unto him, "Whence comest thou?" And he answered, "From going to and fro in the earth and from walking up and down in it." He taketh from the black bag a long coat and many shining knives. He sniffeth the battle from afar and rejoiceth mightily. He proddeth me with needles and cutteth deep with his sword. He poketh with his small instruments and squeezeth with his hands. Moreover his joy knoweth no bounds. And with a mighty voice he crieth out, "Call now if there be any that will answer, and to which of the saints wilt thou turn?" In my sorrow I called upon Saint Mary and she answered me. She cast her spell upon him and said, "Arragh, it was not done so in Ireland, but with a

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poultice of soap or peradventure of flax-seed. For the surgeon killeth the foolish man and the physician slayeth the silly."

But he of the rubber gloves opened his mouth and cursed the boil saying, "I have seen the foolish boil taking root but suddenly I cursed his habitation. His children are far from safety and they are crushed in the gate, neither is there any to deliver them."

Then he leaveth me for a season and when the night cometh as I lay upon my bed I said, "Surely the fear of the surgeon, that is wisdom, and to depart from him is understanding."

The only way I can end is by saying that this is not true in the slightest, but that I began to get well just as soon as you had opened things up. I still have a puncture in me, but before long hope to be water tight once more. Thank you again for all you did.

Yours very sincerely,  
Thomas Guthrie Speers.

---

### Treatment of Polypoid Tumors of the Bladder

F. Cathelin (*Paris médical*), states that in small bladder polyps Beer's cystoscopic high frequency treatment is the procedure of choice. In polyps of intermediate size, three methods are applicable—high frequency, the galvanic loop, and the biting forceps—all carried out with the cystoscope. The choice between these depends upon individual preference. In the large or "giant" polyps, removal by suprapubic cystotomy is indicated. In this operation, the bladder is filled with water or air to begin with. When the bladder has been incised, retractors should be passed directly into the organ and traction made to bring its interior into view. The author uses also a special instrument to hold down the margins of the abdominal walls and expose better the posterior portions of the bladder. Before transfixing the pedicle of the tumor the latter should be drawn up rather forcibly. Complete ligation is then effected below to stop the hemorrhage resulting from transfixion, and the pedicle severed one centimetre lower with the thermocautery. The main mass of the tumor having been sufficiently freed by the operator's hand, Farabeuf forceps are used to lay hold of the pedicle. Before the pedicle is cut, the bladder may be thoroughly wiped out with gauze sponges in order to remove any detached portions of tumor tissue. Catgut should always be used in preference to silk in ligating within





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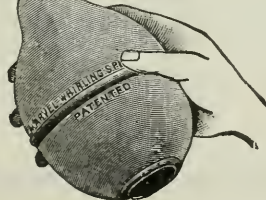
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the bladder. Finally, the bladder is closed in two layers, muscular and serous, with catgut, and the closure tested by filling the bladder with water. The abdominal wound is entirely closed with the exception of a small drain left in the space of Retzius. A No. 20 catheter with at least two terminal openings, already used in filling the bladder with water, is left in and may not have to be changed for ten days or two weeks. Uneventful recovery generally occurs, but after a few years recurrence of the growth is a possibility.

---

#### Enteroneuritis in Intestinal Cancer

M. Loeper (*Bulletins et mémoires de la Société médicale des hôpitaux de Paris*) reports studies in minute pathology demonstrating conclusively that neoplastic processes may extend in the nerves of the mesentery and from these to the solar plexus. Propagation doubtless takes place through the perineural sheath, which behaves somewhat as a lymphatic channel toward the cancer cells, and from there in the adjoining nerve to a greater or less distance. Compression or even destruction of the nerve by the cancer may entail disturbances of function. These disturbances or pains, however, commonly pass unnoticed in the clinical picture of intestinal cancer. The condition may be suspected where there appears paroxysms of severe, diffuse, abdominal pain. This type of neoplastic celiacgia account for certain painful manifestations easily confused with the ordinary evidences of cancer of the intestine.

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#### Adhesive Perigastritis in Gastric Ulcer

Adhesive perigastritis resulting from ulcer of the stomach is made manifest by a group of symptoms which, although variable, nevertheless allow the diagnosis of these adhesions. Spontaneous pain is the principal symptom of adhesive perigastritis. Usually seated in the epigastric region, it commences by paroxysms of pain, the frequency of which progressively increases, and after a certain lapse of time—which may be very long—the pain becomes continued. It presents recrudescences after meals, likewise under the influence of certain movements or positions assumed by the patient. It is calmed by vomiting. Pain provoked by palpation of the epigastrium is very rarely wanting. It is either diffuse or localized, and in the latter circumstance it acquires a very considerable clinical value when its site corresponds

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with that of the spontaneous pains. The results obtained by palpation permit one to distinguish two varieties of adhesive perigastritis, namely, simple perigastritis and perigastritis with tumor. Radioscopy will complete the clinical diagnosis, inasmuch as it will locate the site of the causal ulcer or demonstrate the fixity of certain portions of the stomach. Besides the adhesive perigastritis with tumor, in which surgical interference is absolutely indicated, the treatment of adhesive perigastritis is surgical when medical therapeutics has been found insufficient. Operation should, of course, be deferred if acute or subacute inflammatory phenomena are present.—*Medical Record.*

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### Prohibition

Every upheaval acts as a causative factor for change—changes for good and changes for evil. We may take the startling example of the great war when men wrote history lavishly with blood. Vainly we strive to forget it, seeking to direct our attention to more pleasant or so-called constructive things. During this war in addition to the records of victories and defeats, changes in boundaries and indemnities, we find in the obscure nooks the stories of great heroism and self-sacrifice starting at opposite pages inscribed with tales of barbarity and cowardice.

At present we are undergoing a national upheaval which will have far reaching effects—prohibition. Due to conflicting laws and the laxity in enforcing the existing laws the transition is taking place gradually, very gradually, and we can not generalize or come to definite conclusions. Many substitutes will be found to replace the effects of alcoholic beverages. The habits will satisfy their cravings by an increase of sugar and coffee in the diet. Others will seek solace in drugs. This adjustment will bring its train of evil effects, many of which the physician will eventually be called upon to adjust. We have spoken of the dangers of drug addiction, of the upset to unstable nervous mechanisms from the added stimulation from caffeine. We have told of the dangers of the increase in the incidence of diabetes from sugar. Other complications will undoubtedly be revealed with the rigid enforcement of complete prohibition.

A word about the benefits. It has been found that the susceptibility to venereal infection is greatly increased when alcohol has been consumed. In addition to the lowered resistance, there is an added carelessness and promiscuity. No greater



problem has ever confronted the medical profession than the ever-present one of the control of venereal infections. We will not follow into the well known bypaths and windings through which the complications of venereal infection lead. Many crimes have been traced directly to alcohol. Under its influence the higher centres of cerebration are removed from the rather unstable mental mechanism of certain individuals, a rapid atavistic reversion takes place, the brakes are removed and acts of violence are committed.

Finally there is the economic factor. During the war the natural resources of the world have been drained and depleted, man power has been lessened. We are confronted by unstable economic conditions. Many adjustments must take place. Can we at present afford to consume our most valuable resources in the production of alcoholic beverages while there is a scarcity of bread and labor? Will the evils attending prohibition outweigh the benefits which will be gained? Will the incidence of prohibition increase or decrease the physical and mental illnesses of mankind? These and many other questions which will arise from the complexity of the situation cannot be definitely answered to-day.—*New York Medical Journal*.



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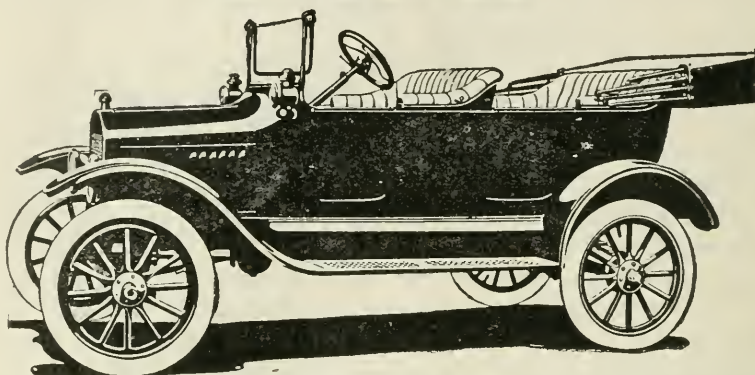
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# The Canadian Practitioner and Review

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## Original Communications

PRESIDENT'S ADDRESS, ACADEMY OF MEDICINE,  
TORONTO, 1919

BY EDMUND E. KING, M.D.

I desire to express my keen appreciation of the honor done me in electing me President of the Academy of Medicine of Toronto for the present year. To follow in the footsteps of such distinguished men as our past presidents is no small undertaking, and I approach it with a considerable amount of trepidation. However, with the aid of the Fellows and their co-operation in all our undertakings, I hope we will pass through this, a very trying year, as successfully as we have come through the past. The war is over, as far as the fighting is concerned, the settlements are being signed, but as to the future we are very unsettled. Affairs are in a state of chaos, and will remain so for the space of two or three years at any rate. The general unrest reflects itself in our profession, but, I am very pleased to say, in a lesser degree than in most walks of life.

The one hundred and fifty Fellows of the Academy of Medicine who went overseas, and the many who served full time at home, are all deserving of the highest degree of appreciation that we, their co-Fellows and members of the profession in general can give them. The seven who made the supreme sacrifice died in the cause which was worthy of the best, and their memory will linger long with those of us who came into touch with them, and longer with those who knew them intimately. The medical profession, as a whole, has every right and reason to be most justly proud of the work done by their confrères in this great conflict. They were selected for posts of highest honor, and heavy responsibilities were placed upon them, and they came through, having always attained their objective, and having received the greatest praise from those in high command.

But let me here digress so far as to say that, because a man's

name has not been brought to the public eye by those in command does not in any way indicate that his deeds have not been equally heroic with those whose names are on every tongue, for, in the stress of war, often the noblest deeds are those done with the least ostentation, and the least thought of forthcoming honors. In all branches of the service there are more heroes whose deeds are unsung than those that are recognized.

Of the fifteen hundred officers who served in the C.A.M.C. during the war, a great number were young men of little or no experience, some of whom had been in practice a very short time, many were recent graduates, and others had not graduated. The services of these men were great beyond our expectations. The fact that they accomplished such wonderful work is a great compliment to them, both as medical students, and as men possessed of the highest patriotic feeling. Another aspect of the situation, however, develops now that the war is over, and that is the establishment of these men in civil life. Many of them have been seriously handicapped by the services in which they were engaged overseas. Dozens, even hundreds, of them, have been kept in clerical positions, in which the professional side of their life was only distinguishable by their title. Others, who did active medical work, were confined to highly specialized branches, and had no intercourse with other departments. The war was paramount, and the individual and his future were of little concern. For men whose medical outlook had been stabilized by several years' practice, the war meant a comparatively slight loss, as compared with that experienced by men fresh from the universities.

There are two parties which are principally concerned in the absorption of these younger men into civil practice, firstly, the public, and secondly, the men themselves. The public are to be served by returned men, who are out of touch with advances in medicine made during their absence. As to the men, many of them have been away from civil life for five years, and, during that time, have never encountered such branches of medicine as diseases of children, diseases of women, and contagious diseases. It is very difficult for them to begin practice, backed as they are by two or more years of chaotic existence in the army, and out of touch with hospital work and reading. Like all other returned men, it is extremely difficult for them to settle down immediately to civil life. In order to attempt to cope with this situation, a resolution was introduced at the last

meeting of the Medical Council, which requested the Government to give material aid to three classes of medical men, namely, those direct from college, those beginning practice, and those who had not practised for more than a year. Up to the present the Government has not had time to receive the deputation from the College of Physicians and Surgeons, Ontario, who are authorized to present the resolution, but a committee is now sitting in Ottawa to hear evidence in regard to re-establishment. I shall appreciate very much the assistance of the Academy if they can see their way clear to endorse the resolution which I herewith present.

#### THE ONTARIO TEMPERANCE ACT.

While you were away the Government of this Province passed a war measure in the form of the Ontario Temperance Act. The Act was to hold until one year after the cessation of hostilities, so that now the time has come when the question of its permanency is to be decided. In commenting on this measure, I shall dispense with the political side of the question. In my opinion it is not a party matter, for on both sides of the House it has its opponents as well as its supporters.

Let us consider the O.T.A. and the Medical Profession. In so doing, I shall leave out of consideration the time-worn discussion as to the efficacy of alcohol in the treatment of disease, and shall simply consider the relation of our Profession to the enforcing of the Act. What we resent most about the whole situation is the fact that we have been made the official bar-keepers of the Province. This is neither fair to us nor just to the cause. It is most certainly true that the doctor must have the right to prescribe for his patients whatever is necessary for their treatment, and he must be the judge of what is necessary. In cases in which the doctor honestly considers alcohol a remedy for the disease in question, he is permitted by the law to prescribe it. So far the condition is as it should be. But, when a well man, who has used alcohol all his life, wishes to procure it, he too must appeal to a doctor, and the latter, if fulfilling the law, must refuse. This attaches an indignity to the Profession which few of us fail to resent.

Then, too, the form for an order of alcohol requires a statement of the ailment for which it is prescribed. This demands a breach of professional confidence, and, undoubtedly, leads to some rather evasive answers. One may cite cases, of



cancer, for instance, in which, if the information were made public, it would be prejudicial to the interests of the patient. Altogether it is a most iniquitous condition.

The prescribing of alcohol is largely a personal matter. The use of it before the Act came into force was entirely at the discretion of the individual. The cases that require alcohol are comparatively few, a very small proportion of the total of any practice, so we are brought face to face with a condition in which the personal equation is largely uppermost. Take the number of doctors in practice in Toronto, and see how this works out. I have here a letter from the License Board showing the reports of two Toronto Dispensaries during the month of August, 1919, and giving the following as a representative list:

10 prescriptions and under . . . . .	1,015	Doctors.
11 to 25 prescriptions . . . . .	181	"
26 to 50                   "                   . . . . .	92	"
51 to 100               "                   . . . . .	41	"
101 to 150           "                   . . . . .	51	"
150 to 200          "                   . . . . .	21	"
over 200             "                   . . . . .	9	"

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1,410

To quote also from the statement of the Board made July 22, 1919: "Indeed, the laxity that arose through misinterpretation or otherwise of a physician's rights of prescription under the Act reached such a pitch that the Ontario Medical Council felt obliged to cancel the status of five physicians who had been convicted in Police Court for violation of the Act, and to suspend two others. It is but fair to say, however, that the physicians who have offended by giving evasive prescriptions in large numbers are a small minority of the profession."

It must be admitted, however, that among the unscrupulous the law formed a splendid loop-hole for pecuniary advancement. This was strikingly evident during the recent epidemic of influenza. Men with exceedingly small practices, and some with apparently none at all, suddenly developed a practice which required from 200 to 1,200 prescriptions a week. I think I may safely say that no doctor in Ontario is justified in prescribing alcohol in such quantities. This prescribing has, in many cases, been most remunerative. One practitioner told me that he had written few prescriptions, and those only to his own patients, but actual count showed that he had issued



3,900 in five months. He charged regularly not less than \$1.00, and generally \$2.00, for each prescription. Such men have brought odium on medical men. Surely we, as a Profession, cannot stand idly by and countenance such flagrant actions.

What is to be the outcome? If the Temperance Act stands we must try to find some sane measure to cope with the situation. In order to protect the Medical Profession as a whole, we must demand adequate punishment for offenders, and we must also aim at gaining legislation which will prevent such glaring transgressions as have been cited above. The License Board and the Government both say that the doctor is the person qualified to prescribe liquor, and therefore all alcoholic beverages must be procured from a licensed regular physician. If he doctor follows the law, further legislation of the matter is unnecessary, but for the above-mentioned unscrupulous, laws must be made to protect the Profession. Firstly, there should be some limit placed on the number of prescriptions one man may issue. Because of the varying sizes of practices, this number cannot be absolute, but must be relative to the size of the man's practice. Surely it might be possible to devise a method whereby a physician would be obliged to prove that he prescribed only to his own patients. There are certain difficulties about this means, but it should do away with a great deal of promiscuous prescribing. So much for prevention. For those who transgress there must be punishment. The Legislature, at its last session, passed an amendment to the Medical Act, whereby a member may be suspended from practice for a limited period. This is a great improvement on the only method previously existing, which required the removal of the name from the Register. This was a very serious penalty, and the restoration of the name was tedious and expensive.

This is merely a suggested solution of a problem which is by no means a simple one. If the onus of the enforcing of the Act remains in our hands, we must do what is in our power to carry out the law to the best of our ability.

#### THE WORKMEN'S COMPENSATION BOARD.

The Workmen's Compensation Board came into existence in 1914, and by its provisions both laborer and employer are taken over by the Board in reference to the administration of the after treatment of injuries. There are three interested parties concerned in the smooth working of the Board, namely, the Employer, the Employed, and the Doctor. Each has an

important relation to the others. As a result of the existence of the Board, the Employer was freed from threatened litigation as a result of an accident, the Employed was ensured 55 per cent. of his wages during temporary disablement, and, if totally disabled, a pension during life; he also had his Doctor bill paid for a limited period of thirty days, which time has now been extended to cover the whole period of disablement; the Doctor was paid at the discretion and direction of the Board for thirty days, which time has now been amended, by a schedule interpreted by the Board, to the full period of disablement. The Board is by no means broad in its interpretation of this schedule, and it criticizes the amount of attendance a given case should receive. This is the part which seriously concerns us. The Board pays for medical services at a fixed rate, and this rate is decided in some arbitrary way. In certain cases, attendance is estimated at the amputation rate, and a cheque is sent accordingly. Very often, from the ruling of the Board, it is much more remunerative to amputate than to spend time and attention in an effort to save the wounded member. I am pleased, however, to be able to say, that, in the majority of instances, such a view is not taken by the Doctor, but he applies every device of surgery in order to avoid amputation. Such reconstructive surgery is, of course, of the greatest value to all concerned, firstly, for the man himself, who will have the injured member restored to what is as nearly normal as possible, and secondly for his Employer and the Board, for, if as much as possible is saved of the injured member, the amount which has to be paid as permanent disablement is at a minimum. It is unnecessary for me, in addressing medical men, to elaborate on the fact that this reconstructive surgery requires time, energy, and skill, in order to obtain the greater result. It may be a source of amazement to some to know that the Medical Aid Officer of the Board is a layman. I was told by the Chairman of the Board, when his attention was drawn to this very anomalous condition, that, from his knowledge and experience, he very much preferred the opinion of this layman to that of any medical man of his acquaintance. As long as such an opinion is maintained it will be very difficult for us to gain sane legislation. One influential member of the Board should be an experienced surgeon, who would be the judge in cases where compensation for maiming was demanded. Why it is that lawyers compose the majority of most commissions is not quite clear, unless it be that there

are more members of this than of any other class for whom the Government must find lucrative positions. The advice of medical men has been most systematically disregarded by the Board. In consultations between Employer, Employed and the Board, not once has any medical man been present officially. True, when the schedule was being discussed, at the Council's suggestion, a Committee did meet the Board, but nothing of any material value was changed from the draft schedule submitted for consideration. The Board gathered together schedules from various States in the Union, and drafted one from these. This was sent to the Council, who, on motion, said that in most part it was acceptable. It is not the schedule that is most at fault, but the interpretation placed upon it by the Board.

Another aspect of the situation which renders the doctor helpless is the treatment afforded by the Board to communications. Letters from doctors are treated with silent indifference, not being granted so much as an answer,—a courtesy which is tendered by any business firm. If a reply is deigned, it is couched in such terms that one at once recognizes that one is being dealt with by an autocratic body, which is, so far as the medical man is concerned, without appeal. A Board or Commission entrusted with the carrying into effect of a special law, should make an effort to avoid an independent and autocratic attitude. It should realize its position as a public servant, and should always be ready to give ear to difficulties experienced by the public which it could remedy. It may be argued that too much time would be taken up if appeals were made in person. This is not an answer. The subject matter for such appearance would always be known beforehand, and if the importance of the subject were not sufficient, a courteous letter would explain why such an appearance seemed unnecessary.

There is another feature of the attitude of the Board in which again it has shown itself to be working against the interests of medical men. I refer to the use they make of hospitals. These institutions in their Out Departments are encouraged to do dressings for injured workmen at what might be properly termed a contract price, that is, a rate much lower than that which is paid to the doctor. This leads to an unsatisfactory state of affairs because the hospital has no control over the injured man. Very often, only routine dressings are done, and these by a nurse. This is by no means conducive to good surgery. First aids and first dressings may often have

to be done at hospital clinics, but there should be a rule that requires a staff man to see the case so that it may go under compensation by the Board. The case should be in the care of a member of the staff who would send his bill for services rendered, and thus be held responsible for the outcome of the case. A reasonable course for a workman to take is to place himself under the personal care of his family doctor, or the doctor nominated by his employer. One of the clauses of the Act states that the Employer shall secure medical attention for the injured workman, and, in the event of his failure to do so, the workman may secure a doctor. This alternative is seldom presented to an injured man, but, instead, the employer sends him to a hospital and considers that his duty is done. From these considerations, it will appear evident, that the Board or Employer, in making use of the hospitals, are often depriving the workman of the best medical opportunities, and are also depriving the practitioner of many cases to which he is justly entitled.

Quite recently a meeting of the different Industrial Boards of America was held in Toronto. Addresses on the subject of the surgical attention of the injured men were of a very high order, and all maintained the principles enumerated above. Dr. F. H. Thompson, Medical Director of Oregon State Industrial Commission, read a most interesting paper entitled, "How Can Medical Service be Improved?" He pointed out that the paramount duty of every Compensation Board that had medical first aid provision, is the securing of competent and efficient service to injured workmen, but he deprecated the fact that the medical man was paid the least possible amount for his services. He suggested the inauguration of a standard fee bill for certain zones, the zones to include one or more States. The fee scale was to be the minimum scale that would be charged to a workman in his community, and was to be chosen by representatives from the State Medical Society and the Board. He also recommended a complete original report of cases, with clear "follow-up" reports from every surgeon, while he suggested that no open bone work, such as grafting, wiring, pegging, etc., should be done unless first taken up with, and authorized by the Board. He pointed out that much benefit would result from frequent conferences between medical men in adjacent communities engaged in compensation work. In conclusion he strongly criticized the hospital contract system, and recommended its abolition, for, he declared, it too fre-



quently renders poor service, overcharges the workman, and is not morally right, as every man should have the privilege of being treated by a physician of his own choosing.

What I have said is not a plea for money, but a just demand for better treatment of the Medical Profession by the Board. There has been a rumor, somewhat accentuated by a letter sent out by the Board, that they propose to do some selective work on "Who's Who and Why" in the Profession. Well, until such action is taken, nothing can be done, but the time is ripe for us to ask for better treatment, and to use every legitimate course in our power to get it.

#### A JUDGE'S UNCALLED-FOR SLUR UPON THE MEDICAL PROFESSION

It is exceedingly humiliating to read in the daily papers a paragraph like the following:

#### DOCTOR WILL SWEAR TO ANYTHING, SAYS JUDGE.

Mr. Justice Logie evidently has little or no opinion of testimony given by the medical profession. In a case before him yesterday he declared: "You can get a doctor to swear to anything."

The matter came before the judge in an action for an order declaring Andrew Howell, aged 74, incapable of managing his affairs. There were "reams" of affidavits filed in connection with the matter. Mr. Howell lives in Tyendinaga township, Hastings county. Dr. C. K. Clarke will examine him and report to the court. In the meantime the matter stands. Mr. Howell has \$11,662 in the bank, and owns a farm.

There are some innuendoes, intentional or otherwise, in this paragraph, which may be resented, but that is a purely personal matter, and I shall not enlarge upon it.

The sweeping remark is absolutely untrue, but by making use of different punctuation a modicum of truth is let into the matter. The judge on the bench has an opportunity to say and to do things which in any other sphere would be at once forcibly resented. Probably in some cases it would be as well to follow the advice given to a man by his wife, who had been kicked severely by a mule, and that was: "Don't worry, just compute



it to its ignorance," We respect the Bench because of the many brilliant and great that have occupied the seats of the mighty, and one should overlook remarks from men who have been politically foisted into such dazzling company. The great lights bewilder and confuse, but let us hope that association will mellow the desire to appear smart at the expense of those who can neither defend themselves before the same audience nor demand an explanation.

#### THE MEDICAL COMMISSION.

There appears to be a habit, over-developed of late, of shelving matters that are a source of dispute, by the appointment of a commission, until one becomes weary of the very name. It seems to be a very satisfactory way of getting rid of troublesome questions, but the end results are unsatisfactory. Problems in medical matters which were recently presented to the Government were put in the hands of a Commission, and certainly the report issued by the Commissioner was most comprehensive. However, as yet, the result is nil.

I should like to express my very great admiration for the work done by the Commissioner in compiling this report. The work shows a keen interest in the subject, and gives evidence of extensive detailed work. If a greater number of the profession would take time to read this report from cover to cover, I feel convinced that a strong feeling for reform in medical matters would be noticeable. It will be a crying shame if such an excellent report is not dealt with. An attempt was made to bring in a bill based on the Commissioner's report, but the opposition to the bill by members of the Legislature was so strong that public interest had to be sacrificed on the altar of votes. If the Members of Parliament who are baulking the bill under pressure of some of their constituents, would read the report carefully, I feel confident that they would come to the conclusion that it must be sustained.

One of the most important matters dealt with in the above-mentioned report, is that of cults in medical matters. At the present time there is no other Province so overrun with quacks who may practise any cult without fear of prosecution as Ontario. At present the Government makes certain distinctions between these "irregulars" and fully qualified physicians, as the former are not allowed to give liquor prescriptions or sign certificates of death. This is as it should be, but in the

question of further legislation on medical matters, we must take a very definite stand. Either we must insist on the Government listening to us, and being advised by us on this matter, or we must sit back and say: "Do just as you please: wipe out all medical restrictions, and allow every Tom, Dick and Harry, to practise whatever and whenever he chooses." The plea we make is for standardization of education. It is of no consequence to us how many cults there may be, nor how widely they are practised, if only all are on an equal footing. We demand that every practitioner, not matter what his specialty may be, should be equipped with proper matriculation, proper supervision of studies, proper time spent on his particular subject, a proper examination to qualify him, and then he may practise whatever cult he pleases. We also ask that they be citizens of this country, amenable to our laws, and that they carry certificates recognized by the law of the land. However, if we expect to gain legislation in this matter, we must make a strong stand behind the Commissioner, for it is obvious that the "irregulars" will make a bitter fight to preserve their present privileges.

And this brings me to a most important point with regard to the doctor. There is probably no member of the community who does more to protect the public interest and to safeguard the public health, than its physician, yet he cannot get the support of the powers that be because he is unable to produce a sufficient number of votes. I sincerely believe this to be due to the lack of interest shown by the profession in public matters, for, call a meeting of any medical society, the Academy not excluded, and the attendance is so small that the meeting goes by default. We must get away from the idea that the dignity of the medical profession is lowered by its appearing before the public eye in order to attain results by legislation. In a former part of this paper I have given a striking instance of the effect of medical legislation by laymen, and we medical men, as a body, must try to grasp the situation, and realize that we are the only body who are qualified to demand adequate medical legislation.

#### CANADIAN PROTECTIVE ASSOCIATION.

It is the duty of the doctor to carry protective insurance against sickness and accident. No class of the community is so open to unjust attacks by unscrupulous people as the medical

profession. Claims are entered against us for supposed maltreatment and for blackmail, and the expense incurred thereby is often enormous. Where a doctor has no protective association he must defend himself, right or wrong, and gain much unpleasant notoriety because the lawyer realizes that he is dealing with an individual, and he proceeds roughshod to frighten the doctor into a settlement. This same lawyer will, however, be far more cautious if he knows that behind the doctor stands an association ready to defend his case, in court if necessary.

Such an association now exists in the form of the Canadian Medical and Protective Association, which was founded in 1901, and incorporated in 1913 for the following purposes:

“(a) To support, maintain and protect the honor, character and interests of its members;

“(b) To encourage honorable practice of the medical profession;

“(c) To give advice and assistance to, and defend and assist in defence of, members of the Association in cases where proceedings of any kind are unjustly brought against them;

“(d) To promote and support all measures likely to improve the practice of medicine.”

This Association has been of the greatest value to the doctor in cases in which proceedings are threatened. It will not, however, defend any case, which, after investigation by their solicitor is found to be justified, but they will then advise the proper course to follow in order to reach an honorable settlement.

I feel that it is incumbent upon the Fellows of the Academy to support the Association in every way possible. The annual fee is so small, for the protection given, that every Fellow should become a member.

#### THE PATENTING OF MEDICAL AGENTS.

The patenting of products used in the treatment of disease, which are thus made a source of financial gain to the profiteer, is entirely wrong. I am informed, through unconfirmed information from Ottawa, that the patenting of these products is not allowed in France, and such is the proper position for us to take. When the war made alien patents null, licenses to manufacture certain much needed products were issued to two

separate Canadian companies, one in Toronto, the other in Montreal, and they took over the manufacture of the arseno-benzol preparations. Their principal objects were: firstly, commercial gain; and secondly, the rendering available of those products which the war had cut off. I shall not discuss the personnel of these companies, but I have in my possession a list of their stockholders, and I know the source of any and all blocking which was encountered by the Provincial Board of Health in its attempts to secure the rights of manufacture of these drugs. All efforts in this direction were unavailing until last June, when, after a most bitter and acrimonious fight by the united efforts of all Provincial Governments, the Board of Health of Ontario was granted a limited license for their manufacture. When, however, this license was actually issued it was found to be of an extremely limited character, and prevented the Board from selling to individual members of the profession. (I have recently been appraised of the fact that the Board of Health does not intend to accept this limited license.) The original license also gave the aforementioned companies the right to prevent the importation of drugs of a similar composition. This was a real hardship to those suffering from syphilis, since it kept the French, English and Italian products off the market. I do not wish to criticize the Canadian preparation, but it did not systematically agree with many individuals, and similar products should have been available. When this matter was drawn to the attention of the Government, the President of the Council admitted that it was a new point of view to him, and one that should not be allowed to stand, and he gave his word that it would be corrected at once. This has been done only in part, and while individuals have imported these products, it is still against the law for the French firm to sell its products in Canada. This is a most serious condition of affairs, and must be rectified. But great bodies generally move slowly, and in this matter the Dominion Government has proved itself no exception to the rule. Probably another Commission will be appointed!

I do not wish to do more than to draw your attention to the ability of the Provincial Board to manufacture these products, and I would confirm this by the statement that, of all immunizing agents used in France, the antitetanic serum made at the Connaught Laboratories was most in demand; and of all specific treatments it was the most successful. One is chemical, the other serologic, true, but they are both the result of



careful laboratory work, and the workers in both departments are of the highest standard of efficiency.

The license issued to the Ontario Provincial Board has too many restrictions. It will allow this province to sell to other provinces of the Dominion for use in public charities, but it will not allow sale to the general practitioner, although as a taxpayer he is entitled to all the benefits which may accrue. The whole matter may be summed up in this, that certain interests, having got their feet into the public trough, exercise their pull and push for personal gain, as against the public benefit. Surely the Government is sufficiently strong to-day so that public interest is paramount; monopoly must cease in the manufacture of articles absolutely necessary for the treatment of disease. I am not concerned in the cost alone, but in the fact that we are handicapped by our inability to secure everything in the way of treatment that our confreres in the allied countries may have.

#### MEDICAL OFFICER OF HEALTH.

The city of Toronto possesses, in the person of the Medical Health Officer, an official of whom any community may be justly proud. He is fearless in his fight for preventative measures to guard the health of the community, and he deserves the support of the profession in his endeavors. At times there seems to be a degree of overzeal, but when the question is regarded from the broadest point of view, namely, that of the public interests, we must admit that he is usually right. He is a good listener, accessible to the profession, and amenable to argument. The reappearance of the *Health Bulletin* is certainly appreciated, and its suppression during the past two or three years was undoubtedly false economy.

#### THE NURSING QUESTION OR THE QUESTION OF NURSES.

There is at present no question that holds more interest for the profession or the public than the stand taken and the ultimatum delivered by the members of the Central Nurses' Registry, the membership of which is about 600. This document was sent to the different hospitals in June, and it is to be effective on January 1st, 1920, thus giving about six months to re-arrange matters to meet this new condition. I am unable to ascertain what proportion of the members agree with the ultimatum; but, as it stands to-day, the whole body of nurses



would seem to be behind it. The fact that this demand requires rectification of hospital conditions rather than those in private homes, makes one suspicious of its origin for, as a general rule, "private" work is much more arduous than work in an institution. It is probable that this movement, like many others of the present time, has been instigated by a few ultra-radicals, and does not represent a universal opinion.

The seriousness of the situation is evident when we consider special nursing in hospitals. According to the new demands there will have to be three nurses on certain cases, instead of two, increasing the cost by one-third. This will put a very great hardship on 75 to 80 per cent. of the sick of the community, who go to the hospital for their treatment. If the hospitals expect to fill their private wards under these changed conditions they should come forward at once and state just what help they are prepared to give toward the settlement of this question.

At the present time I feel that hospital treatment for patients is most inadequate. The rates charged are sufficient, I think, to cover a fair amount of trained nursing. But, judging from the fact that a private ward patient, if very ill, must have two special nurses, it is obvious that the nursing provided by the hospital is far from adequate. The cause of this inefficiency, to my mind, lies in the kind of training tendered to nurses. At the beginning of their course they are put at menial work, and are used as money makers for the institution. Then they are put to nursing before they understand what is required of them. If the training of nurses was conducted in a student-like manner, and they were instructed on lines which they would have to follow in their later professional career, they would still be kept quite busily engaged during their three years of training. Also they should be more deeply impressed with the intangible requirements of a nurse. That is to say, they should have a keen sense of loyalty to their school and their patient, they should remember that they occupy a most important link between the patient and the profession, and they should realize that their sole duty is to aid in the patient's recovery and so to attend to duty as to relieve the doctor of all worry during his absence. It is our duty to interest ourselves in the training of nurses, for it is only in the manner in which the raw material is used that the finished article appears.

The Commissioner in his report deplores the nursing situation at the present time. The New York Academy of Medicine,

in an investigation, points out that the proportion of seriously ill who are treated at home is 85 per cent. One reason for this lies in the fact that patients find that a nurse requires too much attention in the home. Then, too, we find that nurses are extremely independent, and will only take certain types of cases. This narrows her point of view, and shows that her training has not been sufficiently broad. We admit, most certainly, that nurses may specialise, but there is a very real need for the old-fashioned general nurse in a great many instances. The Commissioner believes, as does Sir Arthur Newsholme, that much of our nursing could be done by a semi-trained nurse, a woman who would go into a household and look after the patient and the family. Such a demand would never be made of a trained nurse, but the need is great, and certainly a nursing bureau for this class of nurse is greatly needed. There is such a bureau in Toronto, where one may secure fully trained, semi-trained nurses, obstetrical helpers, etc., at very reasonable fees. It is working under a charter of the Ontario Government, and may teach nursing in all its branches. It has not, as yet, opened its training school, but a scheme is on foot whereby the Red Cross and St. John's Ambulance Corps may absorb such an institution, and begin a Dominion-wide movement to better nursing facilities. This will be the means of solving the question of finance, as these two bodies are well supplied with funds and have working machinery scattered over the country, whereby the finished product could be placed and utilized. There is another institution that has done excellent work among the poor and middle classes, namely, the Victorian Order of Nurses. These noble women have gone abroad in the land, and silently aided thousands of sick and needy, with very little laudation or splurge. We must not multiply these organizations too much, but rather aid in finding some scheme of amalgamation, and thus avoid the duplication of overhead expense. We must aim at concentrating the teaching, and thus increasing the quality. But the matter of utmost importance at the present moment is: "What are we to do with the ultimatum?"

A VALUABLE AND TIMELY LESSON AFFORDED BY  
AN ELABORATE TABLET

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By JAMES S. SPRAGUE, M.D., BELLEVILLE, ONTARIO.

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In the Baptist Church, Perth, Ontario, is to be seen an elaborate marble and mural tablet, on which are the following words:

In Loving Memory of

JOHN DICKSON KELLOCK, Esq., M.D.,

A native of this town,

Who died January 23rd. 1888, Aged 72 years.

*"I heard the voice of Jesus say, Come unto Me and rest."*

This tablet is erected by his fellow-townsmen as a tribute to his professional skill, his tender sympathy for the suffering, and readiness to help the needy, to his active interest in the cause of education, and to his noble example as a Christian man.

I have stood before this tablet on several occasions, and although feeling my unworthiness in some respects for such praise and merit, yet I thanked God I had such a brother-in-arms, whose life added laurels to our profession and that *medicus in omne ævum nobilis*.

I have the greatest admiration for the MacLures of "Bonnie Brier Bush" description, the men of our profession who die at their posts. Canadian Kellocks are similar, for it is through such lives that our profession occupies and will ever occupy the highest place among men. Such men are approved and blessed by Heaven: men, whom many prayerful and God-like mothers are praying their doctor sons to follow. Many of these noble women, at much sacrifice, to-day, are sending the brightest sons to Æsculapian altars of our universities. For Medicine wants no weaklings; but it needs high-browed, scholarly, altruistic men, of the Osler stamp, who seek, and are worthy of a place, in the succession of gods, demi-gods and divinities in the Profession of Medicine.

Let the following words by the Bishop of Exeter be engraved on the walls of those of our universities which possess

Medical Faculties, if, as Gladstone says, "M.D.'s are to become the rulers of the nations, the *anctores sapientie maxime*."

"Give us men!

Strong and stalwart ones,

Men whom highest hope inspires,

Men whom purest honor fires,

Men who trample self beneath them,

Men who make their country wreath them.

As her noble sons,

Worthy of their sires

Men who never shame their mothers,

Men who never fail their brothers,

True, however false the others:

Give us men. I say again—again

Give us men."

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## THE SCOPE OF A FEDERAL DEPARTMENT OF HEALTH\*

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PETER H. BRYCE, M.D.,

Chief Medical Officer, Canada Immigration Service, Ottawa, Ont.

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It is difficult to deal adequately with such a subject without giving a historical sketch illustrating the evolution of public health through the progress of scientific medicine; but it is evident that any government adopting legislation for the establishment of such a department, based upon such progress, must have clear ideas as to the end or object it wishes to effect.

To-day there can be no doubt but that the direct effect upon what we call the man-power of the country is the motive influencing action with a view to saving the lives of the citizens who are the source of power whether for national defence or economic progress. Such ideas naturally involve the investigation of questions lying at the basis of public health legislation, such as the number of persons who die in the first year of life, the percentage of feeble-minded in any community or the different diseases which a given group of school children may be affected with. Such problems appeal to the modern legislator because they are not only of national importance but invite public interest and demand political action.

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\*Read before the Canadian Public Health Association, June, 1919.



Such causes have been especially operative during the war and take their place amongst the modern questions affecting national prosperity equally with conscription, submarines, aeroplanes and dreadnoughts, since upon the health and hygiene of the army depends the effective use of all other destructive agencies. Naturally, to the student of public health, it is these broad problems which are of primary interest, since they include all such newer questions as child hygiene, housing, school inspection, hygiene of industries, physical education and all the details of the prenatal care of mothers, infant welfare stations, physical examination of school children, occupational hygiene, etc., and the "old health work," such as the control of contagious diseases, water supplies, sewerage systems, etc.

Naturally it will be found that our communities throughout Canada, as elsewhere, vary greatly in the stage of their evolution in health matters, some being as backward, shown by their death rates, as most countries were fifty years ago; while others have seen the evolution within the last twenty years of public health consciousness, which has ensured methods for meeting the various social health problems, as great as that in any country, whether in Europe or America.

Realizing then in some measure the nature and extent of the objects to be attained, we shall outline some of the functions which a Federal Department of Health may fairly be expected to perform:

First. It can aid in crystallizing the most advanced health ideas into legislation, common to all the Provinces, and provide means by which facts of vital and statistical interest can be tabulated frequently and published for general use.

Second. It can arrange for the collection of information regarding threatened epidemic and other diseases, which can be disseminated for the use and guidance of the executive officers of the several Provinces and of neighboring states and thus cultivate reciprocity in action for the general health welfare.

Third. It can co-operate in measures intended to deal with health conditions growing out of our complex life tending to disseminate disease of a peculiarly social character. Indeed, experience shows that such measures must be yet more refined and comprehensive demanding the education of a too often unwilling public, involving as they do ethical principles accepted only gradually.



Perhaps first in importance of these are the measures for dealing with tuberculosis. It is just twenty years ago since the Ontario Sanatorium Act was passed and experience since then, as well as its general adoption in other countries, has shown that local sanatoria supply the most practical means, both curative and preventive, for dealing with this disease, satisfying as they do the feelings of relatives of the sick while carrying educative influences even into the poorest home. Such centres have led to the evolution of the district sanitary visitor and health nurses and when associated with an active anti-tuberculosis society exercise a most potent influence on both health officials and charitable associations through forcing slum conditions and overcrowding into the field of active municipal politics. There are annually in Canada probably one-half as many deaths from tuberculosis as there were of influenza last year; but the poverty induced through long sickness, the loss of wages and the dangers of infection to the family, probably exceed annually the cost of the influenza epidemic which has occurred but once in thirty years.

In dealing then with this disease it seems most proper that the Federal Department of Health should assist not only through education, literature, and illustrated lectures, but also directly by establishing sanatoria for Indians, by erecting several climate sanatoria where the influence of altitude, sunshine and temperature on various types of the disease can be studied, by assuming the cost of patients going from a sanatorium in one Province to one in another and by aiding through a per capita per diem grant, patients in the curable stages of the disease in the several Provincial sanatoria.

Fourth. It can stimulate everywhere social and educative agencies to appoint trained nurses, just as school teachers are employed. As the visiting health nurse has become a municipal necessity in tuberculosis work, so she will become more and more the medium for dealing effectively with those social diseases spoken of as venereal, since only gradually will it become possible to reach their silent victims; but wherever clinics have been established in the general hospitals now so widely existing, the district nurse, through encountering their effects in mothers and children, will prove active instruments in inducing patients to receive and follow treatment. In this urgent work it is apparent that federal regulations, controlling the movements of persons under treatment must be passed, while a fair share

of the cost of treatment may well be borne by the federal government, which has the authority to call upon the man-power of the country to come to its defence and whose value depends upon its physical efficiency.

Fifth. It can assist in the welfare of mothers and the care of their children by such various ways as are being adopted in England. Not till the Boer War did England fully realize what physical defects meant in the loss of man-power and since then and increasingly since 1914 her health programme has undertaken to deal adequately with the potential soldier and producer of wealth through elaborate plans for child welfare. This has been extended there to the point of ensuring through legislation medical assistance and home helps for the prospective mother, while in this work the general government assists the municipalities to the amount of 50 per cent. of the local cost. If in this and in venereal disease work some definite proportion of the cost based upon local efficiency were borne by the federal department in Canada, results proportionate to those in England would doubtless be obtained.

This work in England is intimately related to the aid granted to such mothers under the Insurance Act of 1912 and the Maternity and Child Welfare Act of 1918, which provides for medical help, advice of health visitors, maternity or child welfare centres and food and milk both for mother and child.

Sixth. It can institute some comprehensive scheme whereby the best results of medical science can be brought to the poorest individual. The facts just given indicate the direction in which systematic child saving work will proceed in Canada: while the amounts of money spent (\$811,774.32 in 1917 in Ontario) on the 172,000 members of the Friendly Societies in Ontario, make it plain that many persons in Canada are already educated in the idea of organized mutual help; but the fact that the medical services paid amounted to only \$90,621 by all these societies shows that there was either little real sickness or that the insured persons went elsewhere for treatment on the ground that the quality of the services so poorly paid for would be about in proportion to their cost.

In nothing, perhaps, would compulsory health insurance lead so directly to beneficial results as in the early care of syphilitic cases and especially of infected prospective mothers. When it is recalled that at least 50 per cent. of the children of syphilitic mothers die, the great advances made in recent years

in the treatment of the disease by salvarsan products may be appreciated through the reports of several London clinics, as that of the London Lock Hospital which reports that in eight months 68 pregnant women were given treatment for venereal diseases and that of these 42 were delivered, and of the syphilitics most gave after delivery a negative reaction, while 37 out of 45 children were born alive.

Seventh. It can greatly extend the scientific methods of dealing with the admission to Canada at seaports of diseased or defective immigrants. This implies the existence of a fully qualified staff of all-time medical officers to carry on inspection during the immigration season, and who at other times would be employed in studying social problems and making surveys in those districts especially to which immigrants have gone.

Eighth. It can establish and equip laboratories to assist both in the work of the several services already indicated and by investigating new problems in the more technical work of the department. It is interesting to know that the laboratories of the Inland Revenue are to be transferred and will naturally devote their attention especially to food problems as they relate to nutritive values and their bearing upon child hygiene. Such could also be made of much value in establishing standards of foods in relation to their digestibility and food values in proportion to their market price. It seems apparent that maternity homes and child welfare centres must soon become the places where will be taught and whence will radiate more practical knowledge and direct benefits to health than through any other agency. There will begin the preventive and corrective work which in recent years has been carried on in the public schools, often after regrettable delay and permanent injuries to the children have resulted, due to defects readily curable in the pre-school age.

I have attempted very imperfectly to outline some of the functions of a Federal Department of Health established in this reconstruction period after the war. When we recall that it is not much more than fifty years since the first facts were known about the agents of decomposition through fermentation and putrefaction and less than that since the germ theory of disease was either known or accepted, we may well be gratified in seeing preventive and curative agencies in medicine for dealing with disease being daily brought more closely together.

I have referred especially to the advanced work of British

authorities since they accurately indicate the sentiments which will, I am sure, animate the administration of such a department of health in Canada. It is just fifty years since the first report urging the establishment of a board of health was adopted by the Canadian Medical Association and here, as in England, it has required a great war to arouse the people to a sense of the primary national need, the saving of man-power. It seems most appropriate that in peace as in war the "mental patterns" which activate all national action should travel *aequo pede* through every state within the Empire over which the flag waves, and what can be more appropriate than that we should wish to see in one of the quarterings of our coat-of-arms Æsculapius, with his ever-wise attendants, sitting meditating sublime wisdom. We hail the presence of all the daughters of the Grove with its health-giving, ever-flowing springs, Healing (Janiscus), Help (Alexenor), Prayer (Aratus), Well-begotten (Hygieia), Mode of Healing (Jaso), with Panacea the all-healing herb.

To-day we dream of medicine as never-ceasing in its efforts to trace back the aberrancies of germ-plasm to its ancestral determinants and to be satisfied with nothing less than that such will again incline towards the normal. Already we know of much that can be done in the pre-natal stage to minimize potential evil; while during infancy and the pre-school age yet more can be accomplished. And so up through "the seven ages of man" the work of the goddess Panacea will operate. Indeed, when true science shall have controlled the springs of being and when the real purpose of life in its ethical aspects is understood and dominates the activities of men, we shall have a right to view man's life as an adventurous voyage along a pathway, undulating enough to prevent monotony, gently winding rather than tortuous or labyrinthine, bordered with sweet flowers, banked with sturdy forest trees, and having a descent withal so gentle and gradual that it will scarcely be perceived. Then as evening comes on and the pathway passes under the over-arching boughs we shall behold its æuthanasia—the final act of a world drama, the sublime summation of a single human personality whose complex is the whole human race.



## Editorials

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### COMPLIMENTARY BANQUET FOR RETURNED SOLDIERS

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On September 30th the Academy of Medicine of Toronto tendered a complimentary banquet to their members who had returned after service overseas. There were present at the dinner given in the large dining-room of the King Edward Hotel about 250.

It was generally conceded that the banquet was quite satisfactory in every way. We quite agree, and we believe that it may be asserted, without any fear of contradiction, that it was in all respects the most successful function of its sort that Toronto has known. We know that we are speaking for the mass of the Fellows of the Academy when we say that great credit is due to the President and the Committee which had charge of the undertaking.

After the toast to the King had been honored, the President, Dr. Edmund E. King, who acted as chairman, gave a neat little speech in which he welcomed the returned men, and said that the banquet was given for the Fellows of the Academy who had the honor and privilege to serve their country overseas. He pointed out that 150 members of the Academy had served overseas, there being representatives on every front,—France, Mesopotamia, Dardanelles, Palestine, Balkans, and Siberia. Of this number, six had made the supreme sacrifice, and many honors, British and foreign, had been earned by other members of the Academy. After a few general remarks on the results of the war, he said that the medical men during the war, no matter in what field



they had served, had cast nothing but lustre on the word "Canadian." He then proposed the toast "Our Overseas Fellows."

Sir Robert Falconer, in supporting the toast, paid a high tribute to the Canadian Medical Service, saying that the medical men who served overseas had sustained the high ideals of their profession.

Brig.-Gen. Bickford voiced his appreciation of the medical services on behalf of the army. He also told of the splendid work of the Medical Corps in Siberia, where they had earned the highest approbation.

The first to respond was Gen. J. T. Fotheringham, M.D., Director of Medical Service for Canada. He voiced his appreciation and gratitude at the way in which the Medical Profession had measured up when the call came. He dealt specifically with the work which had been undertaken by the medical men in the army during the war, and with the results achieved. The admissions to Canadian Military Hospitals had been 750,000, or more than the total populations of Toronto and Ottawa. The death rate had been only 2.59 per cent. Exclusive of the South African War, he said, in all previous wars, out of every 100 men who died, 80 had died from disease, and 20 from wounds. In the European War just ended, the records of the Canadian Medical Corps showed that out of every 100 deaths, five only had died from disease, and 95 from wounds. This remarkable record, he attributed mainly to two reasons, firstly, preventive inoculation, including the co-operation in this which had been given by all officers commanding units, and, secondly, to the internal combustion engine, which had made possible

the rapid transit of supplies and of wounded and sick men. He stated that the work of the Canadian Army Medical Corps had been such that it does not need to apologize to any country, and so ably has it been conducted since the cessation of hostilities, that he predicted the conclusion of the Canadian Expeditionary Force Hospital work before the end of the year.

Col. J. A. Roberts, M.D., O.C., Canadian General Hospital, stated that from the regimental outposts back to the last treatment centre in England, the Canadian Medical Service was worthy of greater praise than any words can give it.

Col. R. D. Rudolf, M.D., O.C., No. 2, Canadian General Hospital, attributed much of its success to the team work and co-operation in organization and practice which had been shown throughout the whole service.

Col. Walter McKeown, M.D., said that he found since his return a great change in the attitude of people in various directions. He found that a large number of persons were of the opinion that authority must be abolished. The word democracy is on everyone's lips, but he thought that, in order to attain a fuller democracy, we should forget a little of our self-satisfaction, and become less critical of others.

Col. Clarence Starr, M.D., O.C., Dominion Orthopædic Hospital, considered that the efficiency of the medical service was largely due to the fact that the Imperial authority had placed their officers in positions in which they could carry on work similar to that which they had done in civil life.

UNIVERSITY OF TORONTO

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In his recent address in Convocation Hall, the President announced that Sir John and Lady Eaton had given half a million dollars to equip a new chair of Medicine in the University of Toronto. According to the report which appeared in the *Toronto Mail and Empire*, Sir Robert said that Sir John's gift was made on the understanding that a Professor would be appointed who would have a free hand, and would devote all his time to the organisation and direction of the Department.

This, of course brings up the very important question which has been so much discussed during the last forty years, regarding correct methods in the teaching of Medicine. It is well known that the two which were chiefly discussed were the so-called British and German methods.

It became quite the fashion, fifty years ago, or more, for the ablest young students of the United States, and, to a less extent, those of Canada, to go to Germany to obtain instruction in Medicine. Without doubt the Germans, for a time, led the world in scientific investigations in their well-equipped laboratories. While this fact was recognized for a time, the majority of scientific men in Great Britain who had studied the subject very carefully, reached the conclusion that deplorable changes had taken place in German Kultur in recent years, and that the arrogant claims of superiority in Germany in Art and Science had become absurd. These opinions were expressed before the War and have certainly not been changed since its commencement.

Let us refer to the opinions of two prominent

Canadian teachers of Medicine, which opinions are especially valuable because the scientific attainments of their authors are generally recognized. Dr. Francis Shepherd, for a time Dean of McGill Medical Faculty, and a Past President of the Canadian Medical Association, said, a few years ago; "In many of our modern hospitals, with their laboratories, students are not taught to observe so carefully the evident symptoms of disease and are becoming mere mechanics. The higher and more intellectual means of drawing conclusions by inductive reasoning are almost neglected."

Dr. H. A. McCallum, Dean of the Medical Faculty of the Western University, and a Past President of the Canadian Medical Association, said: "The Carnegie Foundation authorities have over-emphasized the laboratory side of medical instruction. The German method of medical education is to tie the medical student to a microscope, as opposed to the English method of cultivating knowledge through the unaided eye. In Germany, the aim is to make scientists first, then doctors, whereas the primary purpose for which students learn science is to become physicians, not scientists."

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#### ORPINGTON HOSPITAL

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We regret very much that, in the recent Ontario elections, Dr. H. R. Arthur, a prominent physician of Sudbury, who rendered good service overseas in the war, made serious charges against the Orpington Hospital.



We are told by the *Toronto Globe*, of September 27th, that Dr. Arthur considered that this hospital, which cost half a million dollars, should have been put to the best use for the soldiers who went overseas, but, instead of that, it was used as "a fine place for Cabinet Members to place their relatives so that they might win the war from a safe distance." He also stated that one of the Ministers wanted to make a position for his sister-in-law, and, as she had never been a nurse he had her appointed Private Secretary to the Matron of the Hospital.

We understand that the reference here is to the Hon. Wm. Hanna. We are informed that the sister-in-law is Miss McAdams, a member of the Alberta Legislature, and, like Dr. Arthur, a Liberal in politics.

We can hardly understand why it should be considered a crime to make Miss McAdams Private Secretary to the Matron of the Hospital. We cannot help thinking, when we consider that Mr. Hanna, during his life, did more for the Medical Profession of this Province than any other Member of the Government, and in addition, when we remember that he did much gratuitous work for the Dominion Government during the War, and finally that his only son was killed, that Dr. Arthur's remarks were uncalled for.

We think that, under the circumstances, the opinion of the Hon. Dr. (Brig.-Gen.) A. E. Ross is worth much, and he has told us distinctly that the Orpington Hospital was "the very best thing in the line of hospitals in Great Britain."



ANTI-TUBERCULOSIS ASSOCIATION

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The annual meeting of the Canadian Association for the Prevention of Tuberculosis was held at the Chateau Laurier, Ottawa, October 9th and 10th, the President in the Chair. The report of the past year was read by Dr. George Porter. The attendance from outside was fairly good, but that from the City of Ottawa was almost nil, as usual. It would seem, under ordinary circumstances, that the capital of the Dominion is a good place to hold such meetings. Unfortunately, it happens, however, that the city takes no special interest in these meetings, and many members now think that in the future it would be better to hold meetings elsewhere.

A good deal of enthusiasm was manifested, and a strong effort will be made to collect a considerable sum of money in the near future. Now that the war is over, it is expected that the Red Cross Society will work cordially with the Tuberculosis Association. In his report Dr. Porter referred to a number of new institutions for the treatment of tuberculosis which were established during the past year. Among them were Laval Hospital, St. Foye, Que.; The Rotary Institute for Diseases of the Chest, Vancouver; a large Provincial Institute in Alberta; a new hospital for curable cases in Montreal, and new babies' wards at two institutes in connection with the I.O.D.E., one in Toronto, and another in Saskatchewan.

## News Items

### CLINICAL CONGRESS OF THE AMERICAN COLLEGE OF SURGEONS

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The ninth annual meeting of the American Clinical Congress of Surgeons was held in the Waldorf-Astoria Hotel, New York, October 20th to 24th. Dr. William J. Mayo, Rochester, Minnesota, was the incoming president. In his inaugural address, Dr. Mayo referred to the great future for the medical profession which lay in the opportunity for lessening disease, bettering industrial conditions, and in this way, adding many years to the present productive period of life. The greatest enemy of middle age, and beyond, he regards as cancer, and we quote a portion of his address dealing with this question, which is probably the most important problem confronting the profession at the present time:

"The arch enemy of middle age, and beyond, is cancer, and our measures for both prevention and cure have not advanced in proportion to the increasing need. One woman in nine, and one man in thirteen die with cancer, and this proportion will be maintained in the enormously greater number of persons who reach the cancer age. We must spread more widely the knowledge that chronic irritation is the underlying cause of the disease. Good dentistry has eliminated a percentage of cancers of the jaw, due to the irritation of defective teeth. Cancer of the lip and tongue is on the increase, as the habit of smoking is on the increase in both sexes.

"Thirty per cent. of all cancers in men and twenty-one per cent. in women, are in the stomach. The influence of drinks too hot to be held comfortably in the mouth in the production of the chronic irritation which precedes the development of gastric cancer, seems probable."

Dr. Mayo then launched into a technical discussion of the treatment of cancer as it had come under his observation. The great majority of patients, he said, come to the operating room too late to be cured. He said he had greatly extended the use of radium and X-rays, and had obtained good results within the last three years through the application of radium directly into the cancerous growth.

Distinguished foreign surgeons who were guests included Sir Anthony Bowlby, of London, and Sir Robert Jones of Liverpool. The former presented a paper embodying the British Army's experience in treatment of fractures of the femur, as the result of gunshot and shell wounds.

Sir Robert Jones and Dr. F. N. G. Starr, of Toronto, led in the discussion.

At the evening meeting, October 23rd, Dr. S. M. D. Clark, of New Orleans, read a paper on "Radio-Therapeutic and other Methods for the Treatment of Cancer of the Uterus." This was followed by a most interesting discussion in which Dr. Bailey, of New York, and Drs. Burnham and Kelly, of Baltimore, endorsed Dr. Clark's claims for radium and emphasized the great benefit which was being obtained in the treatment with this agent. Dr. Pancoast, of Philadelphia, then pointed out what a valuable asset radium had been proved as an adjunct in the use of X-rays.

As had been customary at other meetings, clinical demonstrations were given at various surgical clinics. More than two thousand surgeons were present at the meeting.

\* The following officers were elected, to take office a year hence: President, Dr. George E. Armstrong, Montreal; First Vice-President, Dr. Rudolph Matas, New Orleans; Second Vice-President, Dr. Horace Packard, Boston.

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### SUPPLEMENTAL EXAMINATIONS

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The following are the results of the Supplemental Examinations held at the University of Toronto, September, 1919:

#### *Fourth Year, Pass.*

H. G. Armstrong, Mrs. I. Ayer, W. F. Beamish, E. B. Clouse, T. A. Ellis, F. N. Faeder (clinical medicine), C. W. G. Ferrier (clinical medicine and clinical surgery), A. Glassberg-Volpe, H. W. Hendry, G. A. Jordan, P. E. Pickett, A. Podnos, P. Sauder, E. H. Shannon, R. C. Shaver, D. G. Wilson.

#### *Fifth Year, Pass.*

Miss A. J. Anderson, W. M. Connell, F. W. Forge, D. Halliday, J. V. Hayes, R. D. Hewson (clinical obstetrics and

gynaecology), N. N. Kirkup, H. B. Lane, F. D. Locke, D. Muir, Miss A. P. McGavin (clinical medicine and clinical ophthalmology), M. E. Tiffin.

The following are the results of the Supplemental Examinations held at Queen's University, September, 1919:

*Degree of M.D.C.M.*

W. G. Blair, Fallbrook, Ont.; Sydney Ira Foley, Watertown, N.Y.; Halstead G. Murray, Framingham, Mass.; H. V. Cochrane, New Brighton, Staten Island, N.Y.; Jas. E. Fraser, Dalkeith, Ont.; Michael J. Kennedy, Portsmouth, Ont.; Frederick H. Lougher, Kingston, Ont.; Kenneth L. MacKinnon, Renfrew, Ont.; C. M. Madden, Kingston, Ont.; M. J. Moher, Toronto; C. B. Waite, Portsmouth, Ont.

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DISTRICT MEDICAL MEETING

A very interesting meeting of the Medical Association of the counties of Peterboro, Victoria, Hastings, Northumberland, Durham, Lennox and Addington, and Prince Edward, was held in Belleville, September 17th. Among the members who read papers were Drs. W. J. Gibson, of Belleville; James Third, of Kingston; F. M. McCulloch, of Peterboro; D. S. Lightall, of Picton; W. W. McKinley, of Port Hope; and F. W. Marlow, of Toronto.

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QUEEN'S MEDICAL COLLEGE

There was, for some time, rather a wide-spread rumor that the Medical Faculty of Queen's University would, before long, be transferred to Ottawa. Dr. Connell, the Dean of the Medical College, has written a letter in which he says that such a proposition has not been even formally discussed by the authorities of Queen's. He also denies a certain statement to the effect that "the small population of Kingston makes the clinical supply inadequate." He stated that the hospitals of Kingston had not sufficient accommodation for the number of patients applying for admission, but the General Hospital will soon be rebuilt

and greatly enlarged. Even without such increased accommodation, there has been, for some time past, adequate clinical material for the purposes of the Medical School. Indeed, there has been more material than could be used. We are glad to find Dr. Connell speaking as he does. Queen's is a fine, robust institution, and we are glad to know that its usefulness is not likely to be impaired in any way. Its graduates are extraordinarily loyal to their Alma Mater, but along with their loyalty there is a sentiment in favor of Kingston, and we have but little doubt but that the great majority would prefer the retention of the institution in that city.

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### TORONTO HEALTH BULLETIN

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The citizens of Toronto like Dr. Hastings' Health Bulletin, and they are glad to think that it is likely to appear regularly in the future. In the last issue very important and sensible hints are given respecting common colds, and the list of "Don'ts" in connection therewith is both interesting and useful. There is also an excellent article on Heat and Ventilation in our Homes, and another on Degenerative Diseases of Middle Life.

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### QUEEN'S UNIVERSITY

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At a recent meeting of the trustees of Queen's University, Kingston, E. W. Beatty, K.C., President of the C.P.R., was installed as Chancellor and Dr. Bruce Taylor as Principal. At the same meeting, Professor Skelton was appointed Dean of the Arts Faculty, in the place of Dean Cappon, resigned, and Professor Clarke, Dean of the School of Science, in place of former Dean Goodwin, resigned.



## Personals

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Congratulations to Dr. and Mrs. Roberts, Hamilton—boy twins.

Dr. J. S. McCullough, C.O.H., Ont., delivered an address on the milk question in Brantford, October 16th.

Dr. J. Harris McPhedran has returned from overseas and resumed practice at 155 Bloor St. East, Toronto. He will confine himself to the practice of internal medicine.

Dr. T. J. Simpson (Major), after about four years in the R.A.M.C. and C.A.M.C., has commenced practice in Collingwood as partner with Dr. Donald McKay.

Dr. S. P. Martin announces that he has removed his office to 494 Franklin St., Buffalo, and that he will limit his practice to urology and surgery of the genito-urinary tract.

Dr. Claire L. Straith announces that he will limit his practice to oral surgery, including that of cleft palate and hare-lip. His office will be at 1461 Whitney Building, Detroit, Michigan.

The resignation of Professor Alfred Baker as Dean of the Faculty of Arts of the University of Toronto was in the hands of the President for some time, and was finally accepted in August. Professor A. P. Coleman, head of the Department of Geology, has been appointed Dean in his place.

E. E. Braithwaite, M.B., Ph.D., late President of the Western University, London, Ontario, has been appointed national organizer of the Inter-Church Forward Movement. Dr. Braithwaite is a well-known Canadian, born in York County, Ontario, and educated at McGill and Harvard Universities.

Dr. George R. Pirie was for some time on the staff of the Hospital for Sick Children, Great Ormond Street, London, England, and while there became M.R.C.P., England. He has returned to Toronto and commenced practice at 182 Bloor St. West, Toronto. He will limit his practice to diseases of infants and children.

Dr. Frank S. Park has gone to England to report on conditions regarding the emigration of children from the old country to Canada. Dr. Park joined the C.A.M.C. in 1914, and was, for a time, the M. O. of the 4th C.M.R. He was taken prisoner at Zillebeke, June 2, 1916, and remained a prisoner of war for 23 months. He was allowed, for a time, to work at the camp in Westphalia, where he rendered valuable assistance to many allied prisoners of war.

Dr. George A. Fritch, formerly a practitioner of Drumbo, Ont., was arrested after the death of a Mrs. Victoria Callenda, following an illegal operation. He was tried in Judge Wilkinson's Court, Detroit, and found guilty of manslaughter. Three other charges of similar sort exist, and will be pushed immediately. Dr. Fritch has been arrested many times in connection with mal-practice, and in one case he was found guilty and served a seven-year term at the Jackson State Prison.

Dr. Wilfred Grenfell visited Toronto early in October and made an appeal to his friends to help the great work he is carrying on in Newfoundland and Labrador. A new problem now faces him as a result of the epidemic of influenza in Labrador last year, and homes must be supplied for a large number of orphans who lost their parents at that time. He endeavored also to make more widely known the needs of seamen's institutes and hospital out-stations, and of the educational and industrial work of his missions. He delivered a number of lectures, which were largely attended.

We are pleased to announce that Colonel George Nasmith, of Toronto, has recovered from his recent illness. In the interest of the citizens of Toronto we regret to report that he has given up his work in the Department of Health in that city, and has become a member of the firm of Gore, Nasmith and Storrie, consulting civil engineers and public health specialists, Confederation Life Building, Toronto. However, we have to admit that the change will be in his own interest. Perhaps in his new sphere he may have a wider range, and may be able to do quite as good, if not better work for the public than he has done in the past. Whether that is possible we know not; but, in any event, we hope his success will equal or exceed his expectations.

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## Obituary

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### MATTHEW C. M'GANNON, M.D.

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Dr. M'Gannon died suddenly at his home in Nashville, Tennessee, aged 62. He graduated M.D. from McGill, and practised a short time in Brockville, Ontario. He went south in 1900, and was appointed Professor of Surgery, Vanderbilt University, Nashville. He retained that position until the time of his last illness.

### ROBERT HANLEY, M.D.

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Dr. Hanley, for some years a physician in the penitentiary, died at the Hotel Dieu, Kingston, September 18th, 1919, after a short illness and an operation for appendicitis. He graduated, M.D., from Queen's, 1899.

### I. D. R. WILLIAMS, M.D.

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Dr. Williams, who practised for nearly 50 years in Cardinal, died September 3rd, aged 86. He graduated from Victoria University in 1856.

J. N. Wilkinson, M.D., of Dundas, died October 4th, 1919.

Dr. Kayler, of Toronto, died at his late residence, 185 Annette St., September 19th, aged 58.

Dr. J. H. Hamilton, of Vineland, died October 8th, and was buried at Erin, Ontario, October 10th.

Mrs. Primrose, wife of Colonel Alexander Primrose, C.B., M.B., died at her home, 50 Forest Hill Road, Toronto, Ontario, October 2nd, aged 56. She had never been quite well after the death of her only son, who was killed early in the war, but many of her friends had no idea that she was seriously ill until the notice of her death appeared in the daily press. She had a singularly fine character, and was very dearly beloved by all who had the privilege of knowing her intimately.

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## Miscellaneous

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### Prohibition Sequelæ

It has become clear since the beginning of the enforcement of the prohibition laws that certain complications and sequelæ are to result from the new social condition. Some of these interest the hygienist and the public health official, but many of them are to have very definite significance for the ordinary practitioner of medicine and must be taken into account in the treatment of at least the subacute affections of this generation. Alcohol will be replaced by certain substitutes and some of these promise to be at least as deleterious as alcohol. Many who take the substitutes will have no idea of the effect produced on them by the unaccustomed materials or by the large increase of fluids to which they had been accustomed before in smaller quantities, and symptoms will develop the proper treatment for which can only come after due recognition of the forces at work. One thing is sure, that the suppression of alcoholic liquor is going to increase greatly the consumption of tea and coffee. There are many physicians who are inclined to think that these fluids, especially as prepared in our Western civilization and taken by habitués, are much more likely to do harm to the human system than alcoholic beverages. Tea and coffee in popular use have become stronger and stronger until now they represent to some extent at least concentrated solutions of the essential principles of what are in reality drug materials. They are both of them real stimulants, which, of course, alcohol was not. We had learned to look upon alcohol as a narcotic, while tea and coffee are rather irritating nervines.

What we need least of all here in America is stimulants. There is a definite tendency in this country to lead a rather strenuous life even without any stimulant or even, as has been often exemplified, under the influence of such a narcotic as alcohol represents. The late Major Woodruff insisted emphatically that this was due to the fact that the Europeans from Northern Europe who came to this country had to live under much more sunlight than they were accustomed to in their homes across the water. The sun is at a higher elevation, has more direct actinic effects, and above all the blonde peoples of the northern nations are irritated into almost constant activity by this increase of sunlight against which they have not been

# Bronchial Affections

## Quinsy-Pharyngitis-Laryngitis

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become more prevalent with the advent of the Fall and Winter seasons and the physician of wide experience recalls the important role Antiphlogistine plays in these diseases.



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protected by pigmentation in their native countries. Along the Rhine in Europe there is an equilibrium of blondes and brunettes in the population, and the 50-50 of this longitude rapidly changes into very unequal proportions as we go north and south of this line, until in Norway 90 per cent. of the people are blondes, while in Naples 90 per cent. of them are brunettes. It is not usually realized that New York is on the latitude of Naples and that, therefore, as Dr. O'Malley, of Philadelphia has shown by carefully selected statistics, the Irish who come here from their foggy island to be submitted to our intenser sunlight rapidly deteriorate and have a very definite tendency to disappear. The third generation of Irish families have all deteriorated sadly, according to his statistics.

The same thing is true for the English and Scotch and the Scandinavians, and to make such people increased tea and coffee drinkers is to irritate nervous systems still further until proper relaxation becomes almost impossible. Relaxation is needed to afford relief to overwrought nervous systems. With the limitation of the manufacture of malt liquors and spirits in England during the war there was a great increase in tea drinking in what were already tea-tipping populations. Coffee was the one thing that remained cheap in this country while all other prices were going up during the war, and this led to a great increase in coffee drinking, particularly with the rise in price of the alcoholic liquors generally. It is said that before the war every man, woman and child in this country was consuming the equivalent of twelve pounds of dried coffee beans every year. This is, of course, only about half an ounce a day, but as the coffee bean contains on the average six-tenths of one per cent. of caffeine, and as each ounce contains let us say in round numbers five hundred grains, it is a comparatively easy problem to work out how many grains of caffeine we take every day. As there are a number of people who have an idiosyncrasy for coffee—calculated to be more than one in ten of the population—who cannot take coffee, and as a certain number more take tea by preference, a definite average amount has to be added to what all the coffee drinkers take every day.

There is no doubt that already there is a noteworthy increase in the amount of coffee taken since prohibition went into effect, and the afternoon tea habit is growing; beside, some of the so-called temperance drinks which are being substituted for alcoholic liquors of various kinds contain theine and caffeine. Iced coffee has become a favorite drink during the summer



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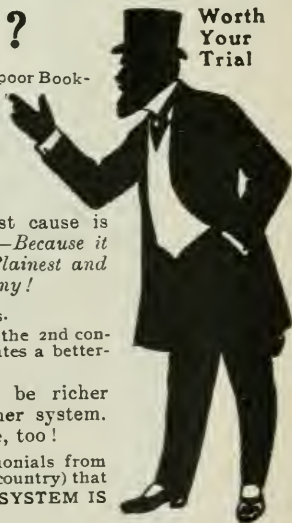
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time, and a large glass of it contains more than twice as much strong coffee as the demitasse that used to be taken.

It will not be surprising, then, to have an increase in functional nervous diseases, for they are dependent to a great extent on this overstimulation of the nervous system, this keeping it on edge and not permitting it to relax. There will almost surely be an increase of insomnia and related affections, for the prohibition substitutes practically all have exactly the opposite tendencies with regard to sleep as that exerted by the alcoholic drinks. Tea and coffee, though not intoxicating in the accepted sense of the word, are distinctly toxic and definitely increase blood pressure. As increased blood pressure with its deteriorating effect on heart and arteries is the characteristic pathological development of our time, one unfortunate result can be readily foreseen. Already the death rate above forty has increased instead of diminished, and just when men are most valuable the degenerative diseases are carrying them off. The next five years will surely show some very interesting effects of the new régime that has been inaugurated.—*New York Medical Journal*.

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### Influence of Endocrine Glands on Race

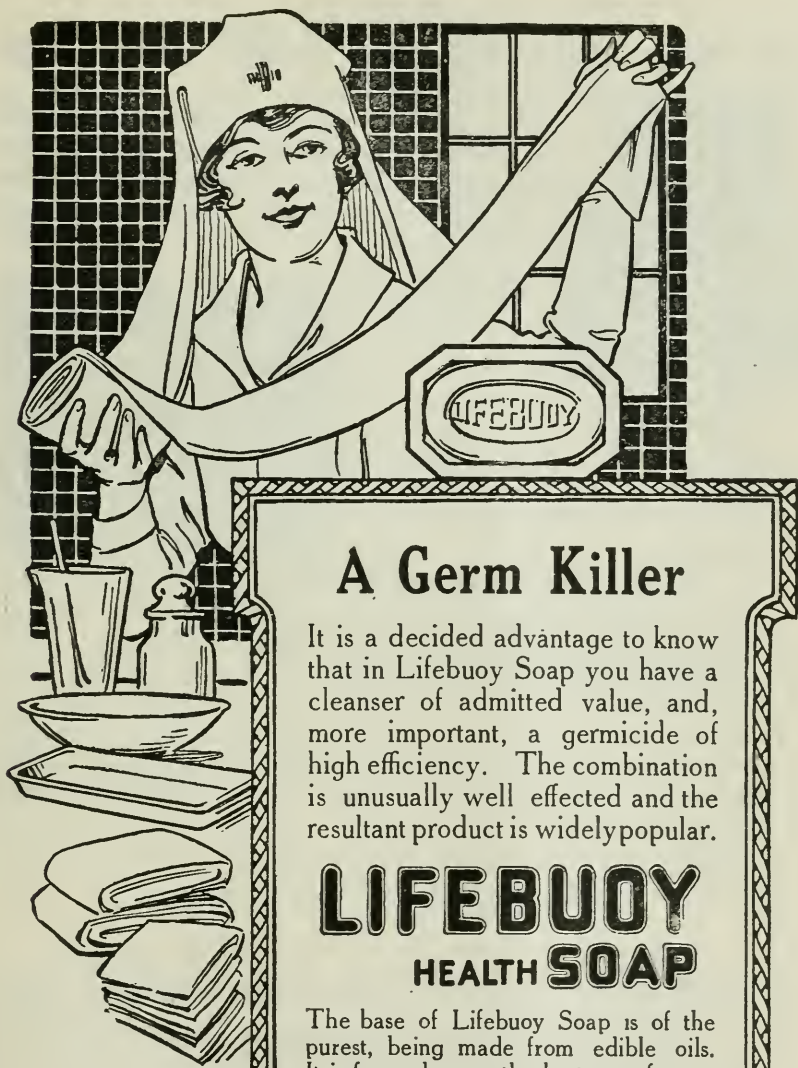
At the recent meeting of the British Association at Bournemouth, Professor Arthur Keith discussed the possible influence of the endocrine glands in determining racial types. He drew attention to certain facial resemblances between the mongol (especially) and negro, and the cretin, and suggested that these resemblances might be associated with hypo-activity of the thyroid gland.

He further suggested that the characteristics of the Caucasian race, "the sharp and pronounced nasalization of the face, the tendency to strong eyebrow ridges, the prominent chin, the tendency to bulk of body and height of stature," might be the result of a species of hyper-pituitarism.

That the composition of blood may play a leading part in determining the anatomical characteristics of race has long been present to my mind. In 1907 I wrote:—

"The composition of the blood plasma is peculiar for each race, and since plasma influences structure, we are now confronted with the question whether the anatomical characteristics of race may not in some measure be due to racial differ-





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ences in plasmic composition. That many undiscoverable differences are thus induced is certain, as also others, more obvious—e.g., the tendency to leanness or obesity, but the question arises whether some of the more obtrusive anatomical features of race may not have a similar origin. Many considerations suggest that they may.

“Consider, for example, the effect of disease in rendering individuals alike. We may place two men suffering from the same disease side by side, and though they may never have seen each other before, they might be taken for brothers. This likeness between individuals suffering from the same disease may be observed almost every day in the case of such diseases as granular kidney, myxœdema, paralysis agitans, and acromegaly, in each of which the patient is moulded—and perhaps even tinted—in a peculiar way by a peculiar condition of the plasma.

“Acromegaly is especially interesting in this connection on account of the remarkable anatomical changes which take place in it. Possibly the condition of the plasma inducing them is connected with the hormonal function of the pituitary body, but whether or not such is the case, it is certain that the changes in question are induced through the plasma, for there is no other medium through which they could be brought about. I have, in another place, attempted to show that most of the anatomical features of this disease are to be observed in the anthropoid apes, and that the acromegalous man resembles the latter in several particulars.”—*Medical Press*.

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#### Distribution of Nitrogenous Compounds in Cancerous Tissue

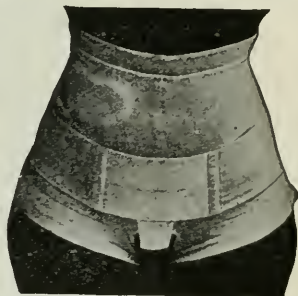
Albert Robin (*Bulletin de l'Académie de médecine*) refers to experiments showing that the total nitrogen in fresh cancerous liver tissue is less than that in normal liver tissue. This is due to a relative increase of water in cancerous tissue, and demonstrates that the cancerous process is able to build up a larger mass of tissue from a given amount of nitrogen than the normal tissues. Dried cancerous liver, however, contains from 16.3 to 18.9 per cent. more nitrogen than dried normal liver, which shows that the true solid portion of cancerous liver tissue requires more nitrogen in its construction than normal liver. This unusual content of nitrogen in dried cancer tissue is probably due to an increase in the soluble nitrogen com-

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pounds. In both fresh and dried cancer tissue, however, the insoluble nitrogen increases in the most seriously diseased portions of the liver, while the soluble nitrogen diminishes. The most logical explanation of these findings is that the cancer proteins are built up at the expense of the products of autolysis of the organ in which the growth develops, and not with proteins intended normally for the healthy tissues. In tuberculosis, the soluble nitrogen in the portions of lung tissue that are still sound does not increase. The tubercle is thus not constructed at the expense of the nitrogen set free through disintegration of lung tissue that is still normal, the process being in this respect the opposite of that apparently obtaining in cancer. This view is supported by the researches of R. A. Kocher, who found in cancer a marked increase of the hexone bases among the main factors in tissue growth. These bases result from disintegration by a ferment of the proteins in the organ in which cancer is about to develop. They are thought to be utilized in the building up of special cancer proteins, the wealth of which in the amino acids of growth endows the cells absorbing them with the power of growing and multiplying indefinitely. These investigations favor the existence of a special soil favorable to cancer development and establish a marked contrast between the cancerous process, a ferment disease, and the bacterial disorders such as tuberculosis.—*New York Medical Journal*.

---

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---

### Acute Thyroiditis

Acute thyroiditis, whether occurring in the normal gland or in a pre-existing tumor or hypertrophy, is of comparatively rare occurrence. At first thought, this fact might be difficult of explanation, for the close proximity of the gland to the pharynx, tonsils and lymphatic structures of the throat might well be expected to predispose to infections within the thyroid gland by direct lymphatic extension. A study, however, of the lymphatic supply of the thyroid demonstrates that there is no direct lymphatic circulation between the structures of the throat, which are so commonly the seat of acute infections, and the thyroid gland.—*George E. Beilby in the N. Y. State Journal of Medicine.*

### The Ill Effects of the Amours of Old Men

Armaingaud (*Bulletin de l'Academie de Medicine*)—From the earliest period of his career the writer's observations tended to convince him that genital excesses are often the cause of apoplexy, cerebral congestion and softening, heart affections and rapid decline of intelligence and power in men of sixty or seventy years. Practice for thirty-five years in a large French town, where he enjoyed the confidence and friendship of prosperous families, enabled him to investigate the subject. In many families the old men preserved all their

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faculties and remained vigorous until an advanced age. But some fell into idleness and suffered from ennui. They were rich business men, aged from sixty to sixty-five years or more, who had retired after making their fortunes. Though in good health and intelligent, their *moral* and their physical strength declined sensibly in one or two years, and their characters changed. Their wives often took the writer into their confidence in the matter. The old man, formerly charming and benevolent, fond of his grandchildren, taking them on his knee, became indifferent, often depressed, bad tempered, and exacting. If not told it, M. Armaingaud quickly divined that he had a mistress of twenty to thirty-five years. He told the anxious wife to send to him her husband as soon as he complained of the slightest malaise. Questioning led the patient to admit that he had a mistress, generally young. The writer pointed out to him the ill results, reminding him of the death of a contemporary, which was due not to age, but to excess, absolute or relative (the practice after sixty or sixty-five years being in itself almost an excess). He added that it was to old men especially that the saying applied, "*Post coitum omne animal triste.*" In thirty eight cases twelve patients would not give up the mistress, seven did so for a few years and then relapsed, nineteen did so permanently. The twelve, who did not, were from sixty-two to sixty-six years of age (average sixty-three). They died at an average age of seventy-three years. According to tables of French insurance companies the expectancy of life at sixty-three is fourteen years. They therefore lost, on the average, four years of life. The seven who partially followed the advice were aged sixty to sixty-nine years (average sixty-five years). According to the tables their average expectancy was thirteen years, bringing the average age at death to seventy-eight. But six died at an average age of seventy-five: one was an exception and lived till eighty. The nineteen who did take the advice were aged from sixty-three to sixty-nine years (average sixty-six). Three, who were exceptions, lived until sixty-eight, seventy and seventy-two years. But the sixteen others who had an average expectancy of life of twelve years, that is to seventy-eight years, lived until an average age of eighty-six years, thirteen years more than the first class and eleven than the second. An Arab proverb is quoted by Professor Lacassagne in his book, *L'homme vers la fin de sa vie*: "The worst things for an old man are a good cook and young woman."—*The Medical Record*.

**Influenzal Psychoses.** S. NOTKIN. [Correspbl. f. Sch. Aerzte.]

Two case histories are given in which a quiescent or latent schizophrenia became manifest following an attack of influenza. In two other cases acute maniacal excitement developed. Several other psychoses developing during influenza had been seen but he is convinced that there was always some more or less latent predisposition.—*Journal of Nervous and Mental Diseases.*

**Post-Influenzal Psychoses.** E. F. SANZ. [Rev. d. Med. y Cir. Prat.]

These case histories were of women between 22 and 34, inclined to nervousness or hyperemotionalism. The influenza was mild in two, lasting three days only. In one there was acute depression with suicidal tendency and refusal to eat. This patient had not recovered from excessive hæmorrhages at a childbirth three months before. The case histories demonstrate the importance of underlying factors in such cases.—*Journal of Nervous and Mental Diseases.*



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The improved tone noted a week ago is maintained, and a fair amount of business has been transacted. Menthol has attracted attention and the price has advanced. Camphor is also again dearer. Following on a further rise in the price of cloves, quotations for clove oil have been advanced. Star aniseed oil is dearer, but the market is now quieter. The value of potassium bromide is firmly maintained. Essence of lemon is quieter and the price tendency is inclined downwards. Following on another reduction in the price of quicksilver, quotations for mercurials have again been reduced. Turkey opium has an upward price tendency, but Persian is lower. There is no change in the position of quinine.—*The Hospital*.

**Scabies: Treatment with Petrol** (*Presse méd.*)

F. Levy obtained very satisfactory results in the treatment of simple scabies by rubbing the patient's body over with a cloth glove impregnated with petrol. Care was taken to reach all skin folds, especially the spaces between the toes. After an interval of twenty minutes, to obviate irritation from the impure petrol used, a paste consisting of zinc oxide 20, talc 10, starch 10, lanolin 30, soft paraffin 30, was applied. The patient's clothing was changed, and the procedure repeated on the second and third day. The treatment is simple and painless, and recurrences seldom occur.—*The Prescriber*.

**Colchicum in Gout**

J. S. Matthews (*B.M.J.*, Aug. 30) regards the acetic extract as the most effective preparation of colchicum for use in gout. He regards the B.P. dose (quarter to one grain) as too small, and recommends a dose of two to six grains, as follows:

R Pulv. opii .....	gr. i.	0.062 gm.
Pulv. ipecac. ....	gr. i.	0.062 gm.
Pulv. cambog. ....	gr. ii.	0.126 gm.
Pulv. aloes .....	gr. iv.	0.25 gm.
Ext. colch. acet. ....	gr. viii.	0.50 gm.

℥ div. in pil. iv. Mitte xii. vel xxiv. Sig. "One pill 3 times daily, or two at night and one in the morning."—*The Prescriber*.



# The Canadian Practitioner and Review

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No. 12

## Original Communications

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### GASTRIC ULCER AND THE HOUR GLASS STOMACH

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W. H. HARRIS,\* F.A.C.S., Surgeon Grace Hospital.

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We shall concern ourselves here principally with suggestions from our experience in cases that presented definite symptoms demanding surgical interference to overcome a condition which threatened the existence of the individual. With the exception of acute perforation it is therefore chiefly with cases of chronic gastric or duodenal ulcers and their sequelae we shall deal, reviewing briefly a few cases that have recently come under our care, hoping in this way to exemplify some phases of the clinical and surgical aspects of the subject. As a result of toxic, metabolic, circulatory or infective processes destructive tissue erosions of a more or less progressive character occur in certain areas. Gastric and duodenal ulcers are found only where the surfaces are exposed to the action of the gastric juice, viz., the extreme lower end of the œsophagus, the stomach and the duodenum as far as the opening of the common bile duct. Such ulcers may be acute or chronic, with or without a tendency to heal. Mayo and others have drawn attention to the fact that acute exacerbations of chronic ulcers are commonly mistaken for acute ulcers and the subsidence of the acute period is often mistaken for the cure. The lesser curvature and the posterior wall are the more common seats of gastric ulcers but wherever situated a superficial ulcer at the point of contact often appears in the opposite wall. This is known as the "contact ulcer." The most frequent seat of duodenal ulcer is on the anterior wall within an inch and a half of the pylorus. It is within this area in 95 per cent. of the cases.

## PERFORATED ULCER.

In December Mr. H. was having his morning shave, when he was suddenly seized with acute abdominal pain which rendered it difficult for him to get back to bed. He took a drink of whiskey and soda and attempted to rest. Later in the day on account of continued distress he summoned his physician. The latter realizing that a grave abdominal condition existed, had him removed to a hospital where we saw him at midnight some eighteen hours after the onset. His face was then distressed, his abdomen uniformly distended, his liver dullness absent, his skin clammy and he had a rapid feeble pulse. Our diagnosis was that he had a ruptured viscus. Operatively the abdomen contained over a gallon of fluid, mostly water and whiskey discolored by stomach contents. A pyloric perforation was found on the duodenal side of the valve. The opening was closed by the usual infolding sero-muscular pursestring suture, reinforced by individual Lembert sutures. Drainage was established through Morrison's pouch laterally and from the pelvis ventrally. The abdomen was flushed out freely and except for a little infection of the abdominal wall, the recovery was uneventful. The victim of acute perforation is usually young, apparently enjoying good health, this accentuates the tragedy when a fatality occurs. Fortunately from a surgical standpoint perforation occurs much more frequently on the anterior than on the posterior gastric or duodenal wall.

The question that has been discussed by many authorities is whether a simple procedure as we followed in this case is sufficient or should a gastro-enterostomy be added. An objection to this latter procedure is that it considerably lengthens the time of the operation and exposes the lesser peritoneal cavity to infection. According to Deaver the abdominal cavity should be wiped out but not flushed. He further thinks that a gastro-enterostomy should be a routine practice in all perforation cases, unless there is a specific indication to the contrary. He also removes the appendix and deals with the gall bladder and pancreas if necessary. Patterson agrees with Deaver as to the performance of gastro-enterostomy and even considers that purulent peritonitis is no contra-indication, claiming that both the immediate and the remote results are improved by minimizing the risk of further perforation, an overlooked second perforation, and hemorrhage. It allows also a more radical enfolding of the perforated area, permits earlier

feeding, and earlier purgation which insures the more efficient drainage of the peritoneal cavity.

The great skill and dexterity shown by some operators should not be assumed by all and the less radical procedure should be the usual routine.

#### CHRONIC ULCER.

Mrs. K., age 60, married, the mother of a family, had for months a history of chronic intestinal trouble which had been attributed to a tubercular disease. A mass could be felt to the left of the umbilicus. As a result of the X-ray findings and the contractile palpation manifestations this enlargement was thought to be in the pylorus. Progressive emaciation added to the clinical symptoms of obstruction decided that an operation should be undertaken. On opening the abdomen an indurated mass obstructed the outlet of the stomach. Inspection and palpation failed to differentiate its pathology, but the need of a gastric outlet was so apparent that a posterior jejunostomy was performed which relieved the symptoms and has continued to be satisfactory. The direction of the anastomosis whether peristaltic or anti-peristaltic seems immaterial if sufficient opening insures a free permanent patency, this secures rest for the stomach as a result of its easy evacuation and as well establishes a continuous automatic neutralization of the usually hyper-acid gastric contents. Gastro-enterostomy is a physiological or a drainage operation or both. The emptying of the stomach is the primary consideration in an artificial opening and that it does this is evident from the brilliant results that follow in cases of pyloric stenosis.

Miss F. was diagnosed, as a result of the history, physical examination and X-ray findings, to have gastric ulcer.

At the operation a readily palpable indurated mass was found near the lesser curvature on the anterior wall of the stomach. The base of the ulcer was easily demonstrated. The procedure here followed was that suggested by Balfour, which is to puncture the ulcer with the cautery and stitch the perforation in the usual manner. We have adopted this procedure frequently. A gastro-enterostomy completed the operation.

Here again the question arises if such simple methods give good results why hazard the more dangerous?

The more conservative surgeons seem to be returning to the opinion that a gastro-enterostomy is sufficient surgical treatment for a gastric or duodenal ulcer. On account of a greater

mortality the more radical operations such as excision of the ulcer, or a part of the stomach, or pyloric blocking should only be judiciously used.

Restraint also should be exercised in hæmorrhagic cases, but where the bleedings are repeated and provoke a profound state of progressive anæmia surgical intervention is indicated.

Direct ligature of the bleeding point is always a risky undertaking on account of the difficulty of its localization as well as the induration and friability of the tissues.

Jejunostomy by facilitating easy evacuation, suppresses the exaggerated peristaltic action of the stomach, producing the desired result of rest, which here as elsewhere is a valuable hæmostatic.

While it is recognized that a large number of ulcers heal, any ulcer which fails to show permanency after a reasonable lapse of time, and all ulcers which threaten the life of a patient, should be treated surgically, not only from the standpoint of disability but also from the standpoint of mortality. The recognized classical sequelæ of ulcer, viz., obstruction, perforation, hæmorrhage, and cancerous degeneration are risks too great to be overlooked, constituting a much greater danger than a well conducted operation.

It is needless to add that rational hygienic, dietetic, and medicinal treatment should ante-date surgical interference.

Coffey says that "every well selected surgical case of gastric or duodenal ulcer represents a medical failure, or more accurately repeated failures on the same patient. If a medical man can cure 50 per cent. of the cases of ulcer and the surgeon can cure 85 per cent. of his failures, there seems to be no good reason for rivalry."

Moynihan has said that the most common site of gastric ulcer is in the right iliac fossa, meaning that in many cases where the symptoms would justify a diagnosis of ulcer, the patient is suffering from a lesion elsewhere, and more often than not in the appendix. This paradoxical statement is not in accord with another that has been credited to the same eminent authority, namely, that the facilities afforded by the Royal Mail are sufficient for diagnostic purposes in many cases of gastric or duodenal disease. To again quote Moynihan. "The anamnesis is everything, the physical examination is relatively nothing." The patient's detailed statement is the most important factor in gastric diagnosis.

We submit that the history of prolonged periodic indigestion



with pain, two, three or four hours after a meal, relieved by the taking of food and exaggerated at night or in the early morning, sometimes accompanied by vomiting, is not sufficient evidence for a correspondence diagnosis. These symptoms on which so many lay stress as diagnostic of duodenal ulcer are claimed by others to be present in any gastric or duodenal lesion that induces pyloric spasm. Further these stated characteristic symptoms are not present in many cases where the operative findings disclose duodenal disease. Diet and habits of life play an important part in the genesis of alimentary disease. Errors in metabolism are responsible for the lowering of resistance which results in focal infection with its local and reflex phenomenal. Primarily it is to the bio-chemist rather than to the bacteriologist we must look for the solution of the digestive disorders. Infection and especially focal infection are overworked, teeth, tonsils and appendixes are sacrificed with a prodigality befitting the spirit of the times. Notwithstanding this the role of the appendix in the production of gastric disorder has been generally recognized, "Appendicular Gastralgia" is the term applied to it by Paterson. The diseases it mimics are gastric or duodenal ulcer and gall-stones and it is with duodenal ulcer that the differential-diagnosis is most difficult. Pain varying in degree is the most prominent symptom. This may take the form of a continuous discomfort; epigastric pain radiating downwards is the characteristic symptom in appendicular disorders that simulate stomach disease. Like most digestive affections there are periodic exacerbations, alternating with epochs of comparative health. During the interval the patients, though not quite normal, are reasonably free from gastric disturbances.

Latent disease in the appendix must therefore be always borne in mind as a cause of gastric symptoms. This is well illustrated in the many acute and chronic appendicular cases in which worrying gastric disabilities are entirely relieved as a result of the removal of the appendix. In a case at present under observation, diagnosed as duodenal ulcer, we found the evidence of a chronic lesion illustrated by an indurated mass to the left of the pylorus and in condition a doughy water-logged small intestine, a distended colon and a cord-like retro-caecal appendix. Lane would probably ascribe the duodenal and colonic condition to "intestinal stasis," associated with a "control appendix."



## GASTRIC SYPHILIS.

Mrs. D., age 40, married and the mother of one child, came under our care in January with a history of life long frailty and a stomach disability which had persisted for the past six months. The present trouble started with pain in the right abdominal region with marked gastric symptoms and emaciation, the continued loss of weight had reduced her to 68 pounds.

Examination of the stool and stomach contents added nothing to our knowledge, but an X-ray examination revealed a deformed pyloric antrum. Operatively the pyloric third of the stomach presented an indurated, wrinkled, constricted appearance, more marked at the junction of the pyloric and middle thirds.

The liver was spotted in several places with glistening, plague-like cicatrices which suggested a specific cause for the deformity. On account of the difficulty of securing a posterior attachment an anterior gastro-jejunostomy was performed, the patient was able to take food at once. She left the hospital much improved. The operative diagnosis of syphilis was verified by a Wassermann.

Syphilis of the stomach is not a common disease. It occurs more frequently in men than in women and the patients are usually between thirty and forty-five years of age. The important particulars in which syphilitic ulcers differ from the simple variety clinically are the extreme severity of the pain and vomiting, the infrequency of hæmatemesis and the resistance to ordinary treatment. Another feature of this type of ulcers is that it is amenable to specific treatment, but is likely to recur.

## HOUR GLASS STOMACH.

Mrs. A. R., age 35 years, married and the mother of six children, has complained of gastric disturbance from the time that she was seventeen years of age, periods of severe pain, together with spells of nausea and vomiting, have alternated with periods of relatively good health. These repeated attacks of indigestion had no unusual significance until two years ago, when she had an illness which lasted four weeks, during which time she vomited blood. Especially during the past year these recurrences have been more frequent. As a result of the clinical findings and the Röntgen examination, which disclosed two typical gastric pockets, cardiac and pyloric, unequally filled with

bismuth and separated by a canaliculated zone of fixed constant dimensions, gastric ulcer and a well-defined hour-glass stomach was diagnosed. Operatively, we found an indurated penetrating ulcer of the lesser curvature, adherent to the pancreas and producing a medio-gastric contraction of the greater curvature. The "Y" operation as recommended by Roux was performed with an immediate relief of the symptoms.

The advantage claimed for this operation is that it minimizes regurgitant vomiting and the disadvantages the exposure of a portion of the jejunum to the acid gastric contents without duodenal neutralization.

Mrs. C., aged 45 years, was under our care twelve years ago with a perforated duodenal ulcer which had undermined and occupied the pylorus. This year she returned to the hospital complaining of severe gastric disturbance, especially acid eructations which were more or less continuous and not particularly influenced by the taking of food. The history of the case suggested pyloric obstruction. This the Röntgenologist found to be the case and in addition, conclusive evidence of a bi-locular stomach. The stenosis of the pylorus and the canal between the two pockets were both so close that the permeability of the meal was materially interfered with. It is this constancy of retardation that characterizes cicatricial contraction. Operatively, we found the pylorus obstructed and a well-marked indenture of the greater curvature in the middle third of the stomach. It is possible and probable in this case that a duodenal and gastric ulcer had co-existed, an occurrence in about five per cent. of cases. The operation performed was one described by Rovsing, an anterior anastomosis of both pouches with a single loop of the jejunum, supplemented by an entero-anastomosis between the two loops of the small intestine.

These two cases illustrate typical bi-locular stomachs, one with and one without pyloric obstruction.

The hour glass stomach is not necessarily a disease, in fact it is usually the result of gastric, peri-gastric duodenal gall bladder or appendicular disease. It may be congenital or acquired. The congenital variety is possibly the result of a man's quadruminous ancestry: an atavistic reversion to a type which existed when we had not evolved to our present status. In many of the primitive forms of life the stomach consists of a more or less globular or elongated expansion of the œsophageal region and a forwardly curved narrower pyloric compartment. A concep-

tion of the causes that contribute to the embryological development of the stomach from the primitive fore-gut and its subsequent rotation is, like many other biological problems, difficult to understand.

Acquired hour glass stomach may be divided into two classes, the organic and the spasmodic. In the organic type the constriction is due to cicatricial structural changes which are often increased by spasm of the circular muscular fibres. As an etiological factor in the production of medio-gastric stenosis, gastric ulcer of the penetrating type is the most important cause. It sometimes happens that as a result of perforation, sufficient peri-gastric inflammation and consequent cicatricial thickening and contraction is produced to indent the outline of one or both curvatures of the stomach. The pancreas or the liver may be involved in the fixation scar tissue. Disease within the stomach such as an ulcer or a cancer may produce a spasmodic or an organic stricture of the organ. On the other hand disease without the stomach is more liable to produce the spasmodic stricture. When due to ulcer, as the organic stricture often is, the position of the lesion determines the deformity that will follow. The ulcer is often seated on the lesser curvature or the posterior wall. From the contraction of cicatricial tissue aided by the spasm of the circular muscular fibres the greater curvature is drawn toward the lesser until its margin is well indented and its contour accordingly mis-shaped. If the ulcer as sometimes happens occupies the greater curvature then the bi-locular stomach is produced by the drawing in and the indentation of the lesser curvature. Besides gastric ulcer other organic lesions such as gastric syphilis, gastric cancer, and gastric tuberculo-sis may produce the medio-gastric stenosis. Post operative contractions may follow gastrostomy, gastro-enterostomy, and other stomach operations.

Opinions in different clinics differ as to the relative size of the pockets, but in the cases that have come under our notice the upper compartment has invariably been the larger. When, however, as not infrequently happens, pyloric obstruction co-exists the pyloric pouch may be as large as the cardiac. The recognition of this fact is important because the pyloric pouch may be mistaken for the whole stomach and a gastro-enterostomy performed on it only with undesirable results. Downes and other well known surgeons have fallen into this error and recorded their experience for the benefit of others.

Spasmodic stomach manifestations have been noted by all operators and Röntgenologists. Carmen says "that spasmodic hour glass contraction resulting from or at all events associated with conditions outside the stomach is one of the most deceptive manifestations with which the Röntgenologist has to deal." This accounts for some of the diagnostic errors which might have been avoided had sufficient consideration been given to such conditions as cholecystitis chronic appendicitis and duodenal ulcer.

It may be stated that while the hour glass stomach is undoubtedly in most instances the result of ulcer, there must be some peculiar reason for its more frequent incidence in women. Gastric ulcer and gastric cancer are more common in men, nevertheless, hour glass stomach is much more often found in females. The theory has been advanced that the corset is the principal cause of the preponderance of this form of gastric deformity in women.

Dequervain says that corset pressure ulcer cicatricial contraction is rare, but does occur. Tight lacing and the consequent corset pressure extending over a period of years by a process of plication with folds running rectangularly or diagonally to its longitudinal axis produce an irritative thickening in the serous and muscular coats which gradually contract and deform the major or the minor curvatures of the stomach or both. If we discard an extrinsic cause for the prevalence of meso-gastric stenosis in the female, such as habits of life, dress or diet, we must fall back on an intrinsic fundamental sensitiveness of organization incapable of resisting this gastric malady.

#### TREATMENT.

It is well to remember that any gastric spasm is liable to disappear under anaesthesia. Several procedures may be employed for the surgical relief of the hour-glass stomach. No one procedure is applicable to all cases: we must, therefore, be governed by the conditions found.

As gastro-gastrostomy has given such successful results in the hands of many it is often the operation of choice.

Gastroplasty is an operation which does not meet with very general approval, but Kammerer's adaptation of Finney's pyloroplasty has relieved the operation of many of its objections. Gastro-enterostomy, anterior or posterior, with one or both pouches, as may be necessary for the successful relief of

the disabilities found, is an operation the results of which are usually satisfactory.

Medio-gastric resection is a more formidable undertaking, and operations of all kinds may be difficult in bi-partition cases on account of adhesions. Injudicious handling or unnecessary breaking down of adhesions, which are nature's safeguard, should be avoided. The more simple the expedient adopted the lower the mortality.



## Editorials

### THE NEW GOVERNMENT

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From a psychological point of view the restlessness caused by the war is certainly both interesting and marvellous. The results of the Federal Election of 1917, when the old political parties were so tremendously disintegrated, furnished the first indubitable evidence of the wondrous changes in public opinion. While this was generally acknowledged, two large groups, one of Tories, the other of Grits, were quite unhappy, but fondly hoped that the good old party system would return by simple gravitation after the War.

It was supposed that we had a different condition in Ontario where the two parties were intact. There was a truce for a time because of war conditions, but that truce was effectively smashed the day that Hartley Dewart was elected Leader of the Opposition. But the Government smiled, and was piously satisfied. It was the strongest Government since the days of Oliver Mowat, if not since Confederation. It had honestly endeavored to legislate in the interests of all classes, and with success, many of us (we supposed the majority) thought. Its platform contained the Referendum, which, it was supposed, would probably carry by a majority of two to one (as it did). During the contest the Government had the support of all the Conservative Press, all the Religious Press, and a good portion of the Liberal Press. Dewart showed great energy and ability in his campaign, and a few days before the election his follow-

ers were becoming confident, especially those in Toronto, who hoped to carry half the constituencies in that city, while Conservatives began to fear that their majority might be considerably reduced, but not wiped out. Both parties thought that the entrance of Farmers and Laborites into the contest was rather a nuisance, but would not affect the issue materially. Then followed the most remarkable election landslide that Canada has known, and no one can tell which was the more surprised, the victor or the vanquished.

The U.F.O. Leader, Mr. E. C. Drury, who is a farmer from Crown Hill, near Barrie, has entered into a combination with the Labor Party, and has formed a Government composed of 8 farmers, 2 laborites, and 1 lawyer. The Cabinet promises to be stronger than was at first expected. The medical profession will take a deep interest in the new condition of things, and it is not unlikely that it will be quite in sympathy with the aims and objects of this Group Government, as it has been termed by the Hon. Mr. Fielding.

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#### RURAL AND URBAN POPULATION

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In a recent issue, the *Farmer's Sun* spoke as follows: "We lack on the farms the numbers we should have there because we have by legislation made it profitable to leave agriculture for other callings in the cities. On thousands of farms the present occupants have no hope of seeing the home acres pass to the possession of their sons; they feel in the position of tenants rather than owners."

We do not know what "legislation" has caused

this condition of things; but, for a long time, we have been strongly in sympathy with Froude, when he said: "That State is strongest which has the largest proportion of its people in direct contact with the soil." We have no doubt whatever that it would be better if a larger number of young men and women remained on the farms instead of going to towns and cities, and if the U.F.O. can do anything to make living on the farms more attractive for the young people in the future than it has been in the past, we shall feel very glad.

We shall venture to suggest that improved sanitary conditions would help materially. The conditions in a large number of farm houses as regards health, comfort and pleasure, are not so good as those in the average house in towns and cities. That, however, is only one aspect of a very vexed question, and we shall look forward with much interest to the efforts of the new Government to improve matters for our rural population.

It is interesting to note, however, that even in England, which in the past has paid but little attention to agriculture, the cry of "get the people back to the land" is becoming more and more insistent. It comes partly from the labor side, which believes that the inward rush to manufacturing centres is one of the causes of industrial unrest. This opinion is by no means confined to any one party. Viscount Templeton wrote: "If we are again to have industrial peace, and without it the fruits of our victory will pass away, the land must be used to relieve the congestion of the cities." It comes also from various classes who believe that the strength of the British Nation is in its manpower, and that agriculture

should be made attractive if we desire to rear a healthy race. We believe that a vast majority of the people of Canada hold similar opinions, and such a statement applies especially to the Province of Ontario.

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#### LABOR AND HEALTH

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We have long thought that there should be a Department of Health, and, even after the election, we hoped that Dr. (General) Ross, of Kingston, would be its head. Mr. Drury has united labor and health, and made them one department. For many reasons, such combination is quite appropriate, and we offer no objections. The new Minister is Mr. Walter Rollo, member of West Hamilton. He has been prominent in labor circles for some time, and report says that he has strength, ability, and good judgment. He is 44 years of age, born in Edinburgh, Scotland, and came to Canada when he was seven years old. He is a broom-maker by trade.

The new department will mean a division of the work of the Provincial Secretary's Department, which has been rather top-heavy and difficult to manage for several years. At the time of writing there appears to be some doubt as to the portion to be transferred to "Health," but the majority seem to think it should include all things pertaining to health of both the mind and the body. It is thought that it should also embrace the supervision of the criminal classes, especially in consideration of Hanna's great work in connection with prison reform.



### MOTHERS' PENSIONS AND CHILD WELFARE

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Mr. Drury has indicated by public utterances that his Government will study carefully certain matters of great importance.

Among these is the enactment of a Mothers' Pension Law. The aim of such a law would be to assist mothers, who are widowed or deserted by their husbands, to support their families at their own homes, instead of sending the children out to public institutions. The suggestions of Dr. Hastings to make proper provision for the care of the mothers and their children born out of wedlock will be carefully considered. It is generally recognized that the haphazard care of these unfortunate children in baby boarding houses licensed under the "Maternity Boarding House Act" is unsatisfactory.

Mr. Drury delivered a short address at the annual meeting of the Women's Institutes of Ontario, November 14, in which he said he appreciated their work, and that his Government would stand behind them, especially in their endeavors for child welfare and improved methods of education.

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### SANITATION IN WAR

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Dr. John W. S. McCullough, in his address delivered at the meeting of the Canadian Medical Association in June, gave interesting information regarding the results of the sanitary precautions taken by the Canadian Medical Service in the war. The Canadians had about half a million men enrolled. Of these, counting from 1914 to December, 1918, according to official figures supplied by the De-



partment of Militia and Defence, fifty-one thousand eight hundred and fifty-three died of wounds, and but two thousand eight hundred and fifteen from disease. In other words, the deaths from wounds were over eighteen times as great as those from disease.

The deaths from disease in the South African War of eighteen years ago amounted to 65 per cent. of the total death rate. Note the comparison! **Sixty-five** per cent. as against 5.14 per cent. This record is an achievement which forms the best answer to the criticisms made of the work of the C.A.M.C.

Canada sent approximately three thousand medical men to the war. In the Canadian forces there were two thousand five hundred medical officers and an equal number of nursing sisters, and to the R.A. M.C. there were supplied about four hundred and fifty medical officers and three hundred and fifty nursing sisters.

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#### NATIONAL SANITARIUM ASSOCIATION

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We have received a report for the year ending March 31, 1919. The Muskoka Cottage Sanatorium was erected in Gravenhurst twenty-three years ago. The Muskoka Free Hospital for Consumptives was erected seventeen years ago. Fifteen years ago the Toronto Free Hospital for Consumptives was erected at Weston. Then followed the erection of the Queen Mary Hospital for Consumptive Children in 1913. The Association started with twenty beds, and now the various hospitals mentioned have accommodation for 800 patients. Another institution controlled by the Association is the Gage Institute Dis-

pensary, erected a few years ago. This institution is daily gaining the increased confidence of physicians, and of the public at large. The total expenditure for maintenance during the year was \$567,000.

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#### HART HOUSE

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About nine years ago the trustees of the estate of Mr. Hart Massey, of Toronto, offered to erect and give to the University of Toronto a building containing an Undergraduate Union, as Assembly Hall, and quarters for the Y.M.C.A. The construction was begun in 1911, but building operations were almost suspended during the war, during which time the building was used for military purposes.

It was formally opened and presented to the University on November 11th, and, among those who have seen it, there is only one opinion: that it is a magnificent structure, substantial and beautiful. We are told by the *Toronto Globe* that "the architects who planned it, and the craftsmen who built it have provided in the Great Hall an example of Collegiate Gothic, which will be an inspiration to generations of builders as well as to the students who come daily under the spell of its dignity and beauty."

This "Great Hall" will be known as the Dining Hall, and will seat 300. At the two ends are placed the coats of arms of the Universities of the Allied Nations, and in the window of the south wall are emblazoned the arms of some distinguished university men.

The theatre has seating capacity for 450, and at-

tached to it is a foyer with adjoining rooms. The library has space for about 8,000 volumes.

The athletic section has two large gymnasia, and three floors for boxing, wrestling, etc. A running track encircles the gymnasium. The swimming pool is one of the largest on the continent.

In addition, there are in the building, a small chapel, reading rooms, billiard rooms, sketching and modelling rooms, racquet courts, photographic rooms, an indoor rifle range, a common room for graduates, a group of rooms for members of the Faculty, and other rooms available for meetings or dinners of University clubs and societies.

## News Items

### NATIONAL HEALTH COUNCIL

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At the Health Meeting in Chicago, in 1918, a very admirable paper was read by Dr. George Vincent on "Teamplay in Public Health Work," in which he pointed out the necessity for greater co-ordination of the public and private health agencies in the United States. As a result, the Board of Directors held a large meeting composed of representatives of different health associations, and formed the important body which will be known as the "National Health Council" of the United States. This body consists of representatives from 17 different societies, including Red Cross, Child Hygiene, Mental Hygiene, Social Hygiene, Mental Health, State Boards, Industrial Hygiene, Cancer, Housing, Life Extension, Nursing, Safety, Public Service, Tuberculosis and Child Welfare. It is expected that the Council will hold quarterly meetings, and it is hoped that its deliberations will result in a kind of "teamplay" which is likely to lead to new phases of health work, and, at the same time, to the elimination of unnecessary ones.

### TORONTO ACADEMY OF MEDICINE

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This Academy is now 12 years old, and its list of fellows includes 502 names. During the last year the following have died: Drs. J. M. Cotton, A. O. Hastings, R. A. Reeve, John Malloch, Harvey Todd, and Harry Smith, of Toronto, and one non-resident, Dr. William Burt, of Paris.

### AMERICAN PUBLIC HEALTH ASSOCIATION

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The forty-seventh annual meeting of this association was held at New Orleans, October 27-30. Among those from Canada were Drs. R. W. Bell, Peter Bryce, George Clinton, R. H. Coats, John Cowan, H. A. Douglas, Fred Guest, Charles Hastings, Charles Hodgetts, W. Hutton, T. Lafreniere, A. McClenahan, John McCullough, Paul Moloney, T. Norman, C. Moaquere, C. Paquin, Robert Wodehouse, and Adam Wright.

The attendance was large, the management good, the papers above the average, and the discussions excellent. All things

considered, it was probably the best Public Health meeting ever held in North America. As compared with the large meeting in Chicago last year, this gathering was rather more quiet in tone, less exciting, but not less interesting. It was distinguished by its quiet manner, without any of the hysteria which was in evidence at times in Chicago.

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### QUEEN'S MEDICAL COLLEGE

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Again we hear rumors about Queen's, the latest being a statement from Ottawa, November 11th. According to a report published in the *Toronto Globe*, Queen's University will move its Medical Department to Ottawa, where a new Medical Building will be erected on what is known as the Reid Farm. In an open letter published December 1, Dean says he still thinks that Queen's Medical Department should be retained in Kingston.

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We are told by *The Hospital* (Eng.), of August 23rd, that an interesting series of letters of a London medical student commenced in the August number of *Guy's Hospital Gazette*. Their author is Dr. Edward Osler, who "walked" Guy's Hospital in 1816. Dr. E. Osler, who was an uncle of Sir William Osler, after graduating, served for seven years as house surgeon at Swansea Infirmary. He was very versatile, and contributed papers to the Royal Society on the habits of marine animals, which he studied while making a special trip to the West Indies. This trip is commemorated in a poem called "The Voyage," published in 1830. The first extract from his letters, which are now being published, deals with the study of operative surgery at Guy's Hospital 100 years ago.

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According to a report from the Carnegie Endowment, the World War cost 331 billion dollars, and the total number of deaths from all causes was 13 million.

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One of Toronto's best institutions is a home for aged women. A band of taggers walked the streets November 18th, and collected over \$10,000 for the home.



Colonel Arthur Lynch, the Irishman who delivered a lecture at Massey Hall, November 8th, is, in many respects, a remarkable man. He was educated at Melbourne, Australia, where he received the degrees of M.A. and C.E. Afterward he studied medicine in Berlin, Paris and London, and became L.R.C.P., Lond., and M.R.C.S., Eng. He is also an electrical engineer, receiving his education in that subject in Paris. He was a member of the French Society of Physics, London Mathematical Society, and a number of other scientific and literary bodies. In 1900 he commenced fighting for the Boers in South Africa, being elected Colonel of the "Irish" Brigade. Notwithstanding his treasonable acts, he was elected M.P. for Galway in 1901, after which he returned to Ireland. He was arrested for high treason, and condemned to death, but was released and pardoned by the late King Edward. In the recent war he accepted a commission in a new Irish Brigade, and fought for the British Empire instead of against it. His address at Massey Hall contained no heroics, but was quiet and reasonable.

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Four Canadian girls had completed their courses in a hospital in Buffalo, and on the night of their graduation exercises attended a party at Lancaster, a western suburb. When returning to Buffalo about midnight, the automobile in which they were riding was struck by a train and all were killed. They were all residents of Ontario: Miss Myrtle Hodgins, St. Catharines; Miss Jennie McMillan, Tavistock; Miss Myrtle Munn, Fenwick; Miss Jean Scott, Galt.

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It is a well known fact that the doctors east of the Don, Toronto, have wanted a hospital for some time. It is now hoped that a civic hospital under the direction of the Health Department, will be erected in Riverdale in the near future.

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It was reported, November 16th, that a Roman Catholic Hospital will shortly be erected in Brantford.

## Personals

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Dr. F. W. Marlow announces to the medical profession that he will, in future, confine his surgical practice to abdominal surgery and gynaecology.

Dr. A. J. Mackenzie has been released from military duty, and resumed his practice at 12 Avenue Road, Toronto, November 15th.

Dr. Fred C. Marlow announces that, having returned from four years' service overseas, he has commenced practice at 647 Broadview Ave., Toronto.

Dr. G. B. Archer, of Campbellford, after spending three years with the R.A.M.C., in France, has returned to Canada. He intends to return to his old work at Ranaghat, Bengal, and will sail from Victoria, December 16th.

Dr. Thomas C. Cullen, of the Johns Hopkins Hospital, Baltimore, and Dr. Ernest Cullen, of Detroit, visited Toronto, October 22nd, to attend the funeral of their aunt, Mrs. George Blackwell.

Dr. Norman M. Keith has opened an office at 232 Poplar Plains Road. He will restrict his practice to Internal Medicine, giving special attention to Renal Disease and Disturbances of Metabolism.

Major W. J. Chapman has been, since May, 1919, in the A.D.M.S. Office, Military District No. 10, Winnipeg, and has been occupying the position of D.A.D.M.S. (Administration), since July, 1918.

Sir William Osler was seriously ill during the first week of November, but, according to a cablegram received November 12th, there was a marked improvement in his condition, and he was then convalescent.

A complimentary dinner was given to Professor Alfred Baker, sometime Dean of the Faculty of Arts, and Professor William H. Ellis, sometime Dean of the Faculty of Applied Science, in the Great Dining Hall, Hart House, on the evening of November 7th.

## Obituary

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### SYLVANUS JOY, M.D.

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Dr. Sylvanus Joy, a well known physician of wide professional knowledge and skill, died at his home in Tillsonburg, Ontario, on October 31st, in his eighty-seventh year. He was born in Utica, N.Y., of English parentage. He graduated in Arts and Medicine from Columbia University, N.Y., and was an interne at Bellevue Hospital in New York City for three and a half years. He then came to Canada, and secured the degree of Medical Doctor at Queens University. He began his practice in Otterville, removed later to Woodstock, and then settled in Tillsonburg, where he practised over sixty years, performing his last operation just three weeks before his death. He was appointed local surgeon for the G.T.R. when they began construction in his district, and continued in this capacity for forty-five years. Upon his resignation he was made honorary surgeon for his district by the company. He had a large practice, was widely consulted, and enjoyed the confidence and esteem of his fellow practitioners and of the public to a marked degree. In politics Dr. Joy was a life-long Conservative, and, although he never aspired to office, he took a keen interest in all public questions, and did much in a quiet way to enable young men to realize their ambitions. He was a loyal and consistent member of the Anglican Church throughout his life, and was ever a friend of the clergymen of all denominations, whom he always considered as "ambassadors of God." M. J. B.

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### CHARLES E. TREBLE, M.D.

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We have to record with deep regret the death of Dr. C. E. Treble, which occurred October 29th. He graduated M.D., from Trinity University, in 1904. He then went to England and passed examinations for the M.R.C.S. and L.R.C.P. On his return to Canada, he commenced practice in Toronto. He soon achieved success and was highly respected by all classes. He was connected with Grace Hospital for about ten years, and, also, for a short time, with the Wellesley Hospital, where he had charge of the X-ray Department. He had disease of the

heart, but it was not considered serious enough to produce a fatal result, at least, for many years. While going his rounds in Grace Hospital, he was suddenly seized with faintness, and died in a few minutes. He was 43 years of age.

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**A. J. MACAULAY, M.D.**

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One of the most prominent physicians of Eastern Ontario died at his home, in Brockville, October 27, 1919, aged 55. He was Medical Officer of Health in Brockville, and was very highly respected by his brother officers throughout the Province, as evidenced by the fact that he was unanimously elected as President of the Ontario Medical Health Association, in 1906. He graduated M.D. from Trinity University, in 1889. He practised for a few years in Frankford, and went to Brockville in 1895.

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**ROBERT A. STEVENSON, M.D.**

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Dr. R. A. Stevenson, 145 Bloor St. E., Toronto, died at his home, November 12, 1919, aged 73. In his boyhood days he attended Upper Canada College, and later University College, Toronto. He received his medical education in Montreal, and graduated M.D. from McGill, in 1877. After practising for three years in Strathroy, he went to England, and qualified for M.R.C.S. On his return he again resumed practice in Strathroy. He was possessed of great ability, high culture, and a pleasant manner. He was a great physician, and soon acquired a large practice. About 30 years ago he removed to Toronto. He soon acquired a large practice in that city, and was, for many years, connected with Grace Hospital, where he was Chairman of the Staff, and head of the Medical Service. After a serious illness in England some years ago, one leg was amputated, and he never fully recovered his strength after the operation, although he was able to do a certain amount of work until some time last winter.

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**NICHOLAS HOPKINS, M.D.**

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Dr. N. Hopkins died at his home, in Dunnville, November 7, 1919, aged 77.

## Correspondence

### BOARD OF EDUCATION AND MEDICAL MATTERS

To the Editor CANADIAN PRACTITIONER:

Dear Sir.—I should like to make an appeal through your columns urging reform in medical matters. The oldest practitioners in medicine cannot recall a decade during which the regulations governing medical education and the practise of medicine have not been under more or less severe criticism. During the present decade dissatisfaction has been rife, but so far nothing of a very specific character has been accomplished, and still anyone may call himself a doctor, tack up a sign, and practise his cult. The question of how to standardize medical education and the practice of medicine remains to be solved.

If we go back far enough, we can find abundant evidence to show that the present system of primary and secondary education is an evolution from conditions practically analagous with those now governing medical education and the practice of medicine. A century ago no restrictions existed, and most inadequate primary schools were prevalent. The State finally appreciated the inefficiency of these primitive schools, and took over full control of primary and secondary education. The result is that to-day our schools are standardized—our teachers are properly qualified, and every pupil must pass definite examinations in order to be promoted. No mercenary adventurers can “flood” our schools with unqualified teachers, as our streets are “flooded” with unqualified physicians.

Why not solve these medical problems as those of education have been solved, especially now that medical inspection is an integral part of school work? Why not have medical colleges under the Department of Education, and medical colleges under the Board of Education? When the State so imperatively demands a standard of efficiency for teachers, why should there not be a similar standard for the practice of medicine, for has not the physical condition of the body a most intimate and potent influence on mental capacity?

One may ask: How could the Board of Education cope with the problems of medical education and of medical practice any more efficiently than it is handled at the present time? In the natural course of events, under such a system, laws and regu-



lations standardizing medical education would be formulated by the Department of Education, and it would then become the functions of the Boards of Education to enforce these to the letter. To-day, if physicians attempt to prosecute "quacks," they are at once accused of having a selfish and mercenary motive, and consequently receive scant courtesy from either courts or press, whereas the Board of Education would be obliged to prosecute any one violating the laws and regulations of the Department of Education.

Other very important problems would be solved, for not only would all "quackery" be eliminated from the Province, but medical education in our colleges, the qualifications of members of staffs and of health officers, and the quality of work done in our hospitals would be placed on a more practical and a far higher plane. All "pull, intrigue, and personal bickering" would be eliminated. The Department of Education would then do what the munificence of one of our wealthy citizens is seeking to accomplish now.

The benefits to be derived from the transference of medical education to the hands of the Department of Education may be summarized as follows. Firstly: Standardization of medical education and of medical practice would result; secondly, all prosecutions of unqualified persons would be initiated by the Board of Education, as in the case of unqualified teachers; thirdly, health officers, instead of being obliged to initiate and struggle to enforce reforms in regard to public health, would have the advice and support of the Department's experts; fourthly, instead of the anomaly of a private citizen being left to provide the funds, and to re-arrange the staff and the work of the Medical Department of the University and of the General Hospital, these would all come under the supervision of the department's staff of specialists; fifthly, the Board of Education would collect from each medical student, in fees, the actual cost, per annum, of his education. For a high school pupil this amount is \$125.00.

J. HUNTER.

## Selections

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### Lethargic Encephalitis (*Bull. et Mem. Soc. d. Hop. d. Paris*)

Accounts of isolated cases of lethargic encephalitis continue to be recorded in the French literature. Saint-Martin and Lhermitte (see Feb. issue, 1919, p. 155) have published the case histories of two almost identical cases, in which the onset of the disease was characterized by headache, prostration, and drowsiness, followed a few days later by the sudden development of diplopia and ptosis. All parts of the motor branches of the oculomotor nerve were affected, the intrinsic muscles of the eyeball, as well as the internal rectus, the superior rectus, and the inferior rectus, being paralyzed. Mydriasis was very intense, and was accompanied by paralysis of accommodation and loss of the light reflex. In neither case were motor disturbances of the face or limbs present, and in neither case was the mental condition, apart from somnolence, greatly affected. In both cases the somnolent state persisted for a month or six weeks, and then the patients recovered completely, except for a certain amount of ocular paresis. These authors record the fact that in the Berry district, in the centre of France, where these two cases occurred, a simultaneous epizootic disease amongst fowls resembling human poliomyelitis raged.

Khoury records a fatal case in a man aged fifty-seven. In his case the characteristic somnolence and ophthalmoplegia fourteen days after onset became complicated by attacks of Jacksonian convulsions affecting the left half of the body and the appearance of an extensor, Babinski, plantar response. There was no autopsy. In the subsequent discussion Netter and Chauffard stated that they also had observed similar cases.

In the former of the two fatal cases whose clinical histories were described by Chauffard and Bernard, and whose post-mortem appearances were published by Pierre Marie and Trétiakoff, the noteworthy features were the hyperacute course, death occurring from syncope on the ninth day, and the fact that naked-eye examination of the central nervous system revealed *no* gross changes. Histological examination, however, showed areas of diffuse acute inflammatory changes in the grey nerve centres. The lesions were most definite in the cerebral peduncles, and especially in the locus niger. More-

over, although the patient was a relatively young man (aged thirty-two), his brain presented lesions which must have appeared prior to his terminal illness, calcareous infiltration of the arterial walls being found in the inner part of the lenticular nucleus; a small scar was also found in the pons. In the second of these two cases the typical ophthalmoplegia, which was present in the first case, was absent; there was little or no fever apart from what appeared to be related to and accounted for by a large bed-sore; lethargy was extremely noteworthy. On histological examination the brain showed much less intense and much less extensive inflammatory lesions than did the brain of the first case. Indeed, only an area of subacute inflammation around the locus niger and extending towards the basal ganglia on the one hand and to the juxtaventricular grey matter of the pons and medulla on the other, was discovered.—*The Journal of Nervous and Mental Disease.*

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#### Chloramine Paste

A formula for chloramine paste is given by A. Carrel in his recent work, "The Treatment of Infected Wounds." It is as follows:—

Chloramine-T .....	10
Stearate of soda .....	70
Water .....	1000

The preparation of this substance is somewhat difficult, and it should be made by means of a mechanical mixer in order to obtain a thoroughly homogeneous paste.—*The Prescriber.*

---

#### Hyperchlorhydria

Martinet (*Presse méd.*) prescribes for this condition chemically pure sodium bicarbonate in the following combination:—

R Sodii bicarb. ....	8.0 gm.	gr. lxxx.
Sodii. phosph. exsicc. ....	4.0 "	gr. xl.
Sodii sulph. exsicc. ....	2.0 "	gr. xx.

M. ft. pulv. Sig.—To be dissolved in one litre (or one quart bottleful) of cold water. This solution to be taken in doses of 50 to 100 c.c. (1½ to 3 fluid ounces) as required when the attacks of pain begin.

## Home Life Observation

often tells husband or wife that coffee is disagreeing with the other.

When nerve irritation or digestion ailment becomes apparent, it's a good idea to quit coffee and use

# Instant Postum

Its pleasing flavor makes it an agreeable change and as it is free from "caffeine" or other "upsetting" elements, Instant Postum is adaptable to use by the entire family. Children are very fond of it.

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**Asthma: Endobronchial Treatment**—From *Laryngoscope*.

Harry L. Pollock looks upon asthma as a disharmony of the ductless glands the spasm of the bronchial being due to an irritation or stimulation of the vagi. Many cases are associated with some pathological conditions of the upper air-passages. The vagal centre is influenced by impulses that depend on the secretion of the posterior part of the pituitary body. The predisposing cause of bronchial asthma is a hypersensitiveness in the posterior pituitary body, which may arise from irritation of the bronchial mucous membrane from various causes.

The author recommends Ephraim's endobronchial treatment with novocaine-adrenalin. It gives excellent results, and in many cases only one treatment is necessary to give relief for from six to nine months.

A hypodermic injection of adrenalin (10 to 15 minims) immediately stops an attack of asthma. If given with an equal amount of normal salt solution the action is more efficacious and of longer duration.—*The Prescriber*.

---

**The Results of Splenectomy in the Anaemias** Mayo, W. J.  
*Ann. Surg.*

Splenectomy as a curative agent has been given a fair trial in three types of the anaemias—splenic anaemia, pernicious anaemia, and hæmolytic icterus—and its successes and failures can be reasonably shown by the data at hand.

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**Scarring after Varicella: Iodine Applications** (*British Med. Jour.*, 1919, 2, 135; Aug. 2.)

Charles Corben refers to the unsightly scars frequently following chicken-pox. These are caused by the poeks becoming secondarily infected; irritation is set up, and scratching causes a permanent scar. He has found painting with iodine to be very effective in preventing such infection. From the first every vesiole is painted twice, or at least once, a day with tincture of iodine, the surrounding skin being avoided as much as possible. The result fully justifies the slight trouble involved, for not only is secondary infection prevented, but (per-



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haps in consequence) the itching, which in some cases is so intolerable, is almost entirely prevented; the pocks heal more quickly; the duration of the disease, and so infectious period, is materially shortened, and scarring is entirely absent if the treatment is conscientiously carried out.—*The Prescriber*.

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#### Suet Emulsion: A Substitute for Cream

Hampshire and Hawker (*Phar. Jour.*, July 26), in a paper on the accessory factors or vitamins in nutrition, give the following formula as a substitute for cream:

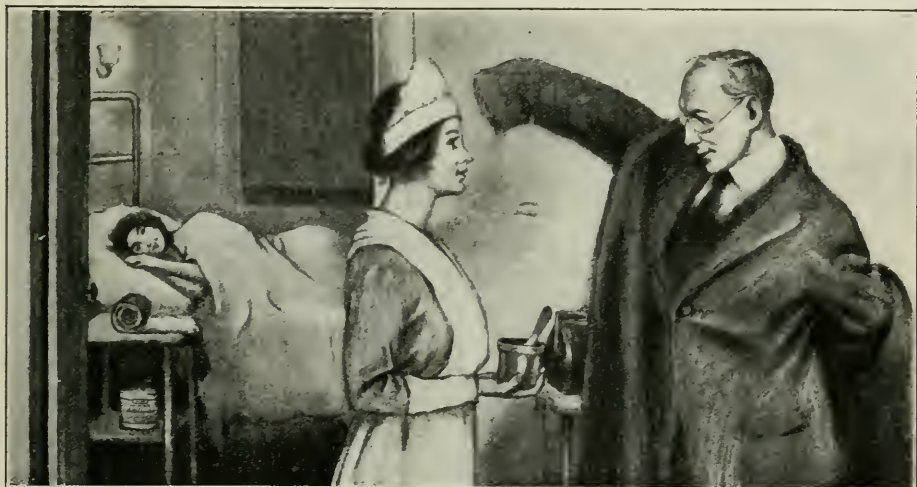
Beef suet .....	4 ounces
Olive oil .....	0.5 fluid ounce
Syrup .....	0.25 fluid ounces
Benzoic acid .....	3.5 grains
Decoction of Irish moss .....	7 fluid ounces
Water to .....	16 fluid ounces

This preparation is used with success at the Infant Welfare Centre of the University College Hospital. Arachis oil is even superior to olive oil in its anti-rachitic effect, and may be used instead.—*The Prescriber*.

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#### Exophthalmic Goitre and Sterility in Women

The frequency in France during the war of exophthalmic goitre in women became especially noticeable. This was attributed to the prolonged anxiety and mental disquietude of which the war was generally productive. It was also observed that with the exophthalmic symptoms was associated uterine atrophy and consecutive sterility. Blondel, in a paper read before the Academy of Medicine in Paris, has drawn attention to these facts. He assigns also to the war the marked increase of exophthalmic goitre cases in men. As to treatment, he speaks highly of the use of thymus gland. From the successes which he records the hint is worth a trial.—*The Medical Press*.



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TRADE MARK

by inducing *SLEEP* gives to nature that assistance which is often sufficient to carry the patient safely and comfortably over the crisis.

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## Miscellaneous

### Evils of German and Austrian Clinics

For decades of years it has been the practice for advanced students anxious to learn and master all new methods of treatment, to look to German and Austrian universities as centres where they must spend a year or so in study, in order to fully equip themselves.

In 1912, before the war, we published a guarded account of the evils and consequences of a rigid discipline, and the absence of an exhibition of due regard to the feelings and rights of the patients under treatment, both in Berlin and Vienna, as in many other foreign hospitals. The efficiency of any system, however admirable, must depend largely upon the spirit which dominates the individual men and women who bear the chief responsibility for its conduct. In Germany there was markedly before the war a much less keen sense of tenderness and humanity towards the sick, and, indeed, towards each other, than we, or the majority of us in Great Britain or the United States, habitually practise. The demands of science entail discipline on the patients and the speedy carrying out of whatever has to be done in connection with their treatment. The enforcement of discipline, which is the keynote of the whole of the system of relations between the father and his family, the chief and his subordinates, emphasizes the responsibility which attaches to the individual heads of every department in the German and Austrian hospitals. In Germany it is remarkable to notice the extraordinary deferences which, up to the time of the war, was displayed to the professor by all the workers in his laboratories. All this subordination to the chief was made even more striking and complete by the adoption often of an identical attitude by the chief of the professor's whole staff. In such circumstances treatment of a patient, whether it be in the operation theatre or in any other department of the hospital, must largely depend upon the attitude of mind and the character and the principles which underlie the conduct of each chief of department, throughout a great establishment, where there were sometimes as many as 2,000 patients, and the huge staff required to minister to their necessities. The apprehension of these conditions and the observation of kindly forethought by some





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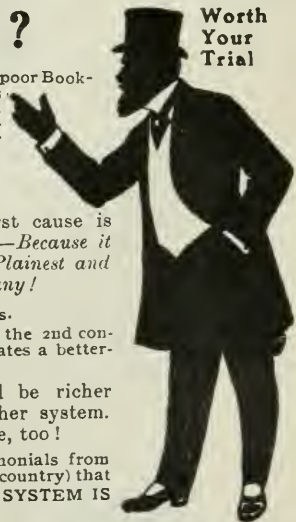
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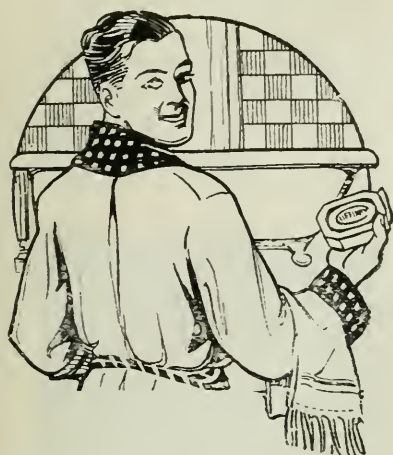




professors made us realize the actual position of each patient. The German hospitals, as a class, have not contained anyone, as in the voluntary hospitals in England and the United States, whose special privilege and duty it is to consider the interests of the patients all the time, and to minister tenderly to their comfort. Scientific treatment abroad is apt to control affairs completely, to the setting back of humanity and the infinite lessening of the humanizing influence which the spirit of personal service has brought about, as witness the delightful atmosphere to be found in the best administered of our voluntary hospitals in Great Britain, and some of the most admirable hospitals in the United States of America. Graduates who have studied in the hospitals and medical centres of Germany and Austria can testify as we can from observation, that in practice, where science comes first, and dominates the whole spirit of the administration of a great medical cure-house, there it will frequently be found that the spirit of personal service and infinite tenderness and human sympathy for the individual patient cannot, and does not, continually prevail.

*Protected, but not Protectors!*

It has always been our assured feeling, as the result of over forty years' experience of voluntary hospitals, conducted as they are under a system which puts the interests of the patients, and not science, before every other consideration, that those who are wise will, when dangerously ill, seek treatment in a clinical hospital. We may add, however, as the result of our experience and knowledge during all these years, that no earthly consideration would induce us willingly to occupy a bed in a foreign teaching or other hospital where science was the first consideration and dominated every act and thought of those responsible for the treatment and handling of disease in the various wards. We are speaking from the mere man's point of view, but it must be infinitely worse for any woman patient in such a hospital. This danger is one to which every statesman and every thinking man and woman in Great Britain should become fully alive, in the interests of the sick and suffering who are mainly dependent upon the hospitals when ill or when stricken by accident or other sudden disablement. The hospitals are properly the protectors of the scientific worker in the field of medicine. It follows that where an iron



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discipline deprives the patients in a hospital of the safeguards of an independent and articulate public opinion, there the independence of every scientific worker must be zealously protected, or the patients may suffer grievous wrongs.—*The Hospital*.

---

### Love-Sickness

The state of "being in love," or "love-sickness," as it has well been termed, is a malady having a definite pathology and symptomatology, though it is not specifically dealt with in the textbooks.

Most normal persons are, I suppose, capable at some period of their lives of some degree of romantic love, though many potential sufferers, married as well as unmarried, may never find themselves under the conditions needful for its birth. Should it appear for the first time after marriage for some one other than husband or wife—as happens, alas! not infrequently among the more leisured classes—all the elements of a tragedy obtain.

There are, of course, various degrees of love-sickness. In its intenser forms it is a veritable madness, a partial disintegration of the mental personality. I doubt whether psychologists have studied this condition with sufficient care. The world is apt to smile, not always indulgently, at the love-smitten youth or maid, and to make merry over the "old fools" of either sex who find themselves in the same predicament. ("They ought to know better at their time of life," etc.). But for the victims, young or old, it is no laughing matter, but a sad and serious—nay, even, it may be, tragic business, calling for tactful sympathy and help.

That the state of being "in love" is recognized generally as an actual disease is evidenced by its popular name—*love-sickness*. The disorder bears some resemblance to an infective fever: it is a kind of infection. After a shorter or longer incubation period—absent in the very susceptible—the victim becomes aware of a strange alteration in his feelings. The attack may be short or long, mild or virulent—occasionally even fatal. Though the body is apt to suffer secondarily, in the shape of loss of appetite and sleep, and the like the disorder is essentially one of the mind.

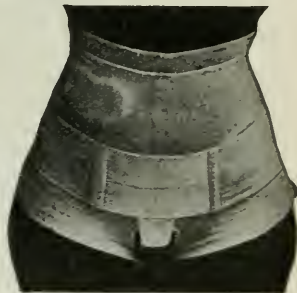
Emotional tone is profoundly altered. The mind is obsessed with the image of the beloved object, and round that

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image the thoughts circle with wearisome iteration. The victim can think (often, alas! *talk*) of little else.

This subjugation of the mind by one dominant emotion, with the consequent shrinkage in the field of thought, implies a partial mental disintegration, dissolution. That free interplay of the emotions, that free flow of ideas, which constitute sanity are no longer possible.

That the mental personality suffers a partial dissolution in love-sickness is evidenced by the distorted view which the sufferer takes of the beloved object, who is *imagined* rather than *perceived*, a fact well known to the Ancients, who represented *Cupid* as blind. The blindness of Titania, who became enamoured of an ass, is little more than a sober representation of what anyone may witness for himself in real life—

Sleep, thou, and I will wind thee in my arms—  
Fairies begone, and be always away,  
So doth the woodbine, the sweet honeysuckle  
Gently entwist: the female ivy so  
Enring the barky fingers of the elm.  
Oh! how I love thee: how I dote on thee!

Directly the lover begins to see with his eyes rather than with his imagination, and directly he begins to subject the object of his affection to critical scrutiny, we may be sure that the malady is abating.—*The Medical Press*.

#### Sir Thomas Barlow on a Moral Life

The Bishop of London presided over a meeting for men only at the Guildhall last week on the subject of venereal and kindred diseases. He read a letter of regret for absence from Father Bernard Vaughan, who remarked that the state of our streets and parks suggested that the Ten Commandments had been suspended since the signing of the Armistice. Nature, however, never forgot and never forgave. The Bishop pleaded for a clean, straight life on the part of young men. Young men would never be frightened into a straight life by the fear of possible consequences, and he must, therefore, appeal to them on moral grounds. Every country had to stand or fall according to its moral life. Speaking of his experience among the British troops in Salonika, the Bishop declared that our soldiers were loved and respected from one end of Macedonia to the other. This was due to the fact



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that they had not only respected property but also women. In France, however, it was asserted that the attitude of the people was quite different owing to the behaviour of the troops. Sir Thomas Barlow dealt with physiological results. Incidentally, he observed that the average of chastity among medical students was now higher than formerly. It was not the case, he continued, that only repeated wrong-doing led to disease. Complete recovery from gonorrhœa was difficult. Complications were frequent, and were sometimes attended with great danger and suffering. A young man who believed that he had made a complete recovery might marry. His wife was liable to infection. One result might be that their child was described as "blind from birth." A proper and correct statement, however, would be "blind as a consequence of gonorrhœal infection during birth." Other dire results were mentioned, such as deafness and nervous disorders. Syphilis meant a permanent damaging of the constitution and shortened life, according to the statistics of insurance offices, by five or six years. Safety lay in continence.—*The Medical Press*.

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### Splenic Anaemia

While splenic anaemia is a clinical entity, it cannot be said to have a definite pathologic existence. It may be defined as a fibrotic splenomegaly with marked endophlebitis causing a secondary type of anaemia which is progressive but not constant until the later stages. This secondary anaemia has no special characteristics except that as a rule it is accompanied by a leucopenia although the author has seen otherwise typical cases in adults with leucocyte counts from 10,000 to 12,000. Splenic anaemia was designated by many of the early observers "splenic pseudoleukæmia" and it is believed by some clinicians of the present day that von Jaksch's disease (infantile pseudo-leukæmia) is an infantile form of splenic anaemia in which a moderate leucocytosis due to the higher value of leucocytes in the normal blood of infants is to be found.

A few clinicians regard all splenic anaemias as syphilitic in origin but the author's experience does not bear out this theory. Chronic enlargements of the spleen that are accompanied by anaemia and are the result of various protozoa, syphilis, malaria, kala-azar, etc., as well as those anaemias due to bacteria, typhoid, and tuberculosis, were removed from the splenic-anaemia group when their etiology was discovered. A much better idea of

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splenic anaemia would be obtained if the pathologic condition of the spleen and its effect on the blood were made the criteria and all cases of known causation as well as those of unknown causation were classified as splenic anaemia, assuming that in the course of time the toxic agents which produce the condition of the spleen will be found.

In five cases in which large spleens of chronic intractable syphilis with severe anaemia were removed, the patients have been carefully treated for syphilis for months. After the removal of the spleen, the anaemia rapidly disappeared and the syphilis was cured with comparatively mild antiluetic treatment such as had previously failed to affect either the syphilitic condition or the spleen.

The relation of splenic anaemia to Banti's syndrome is most interesting. The majority of clinicians seem to agree with Mosechowitz in the conclusion that there is no real difference between the two and that Banti's disease is merely a late phase of some cases of splenic anaemia.

Of 61 patients with splenic anaemia whose spleens were removed, 7 (11.7 per cent.) died. These statistics extend to Dec. 31, 1918, and include as operative deaths those of all patients who died in the hospital, without regard to the cause of death or the length of time that had elapsed since the operation. The deaths were those of patients operated upon in a late stage of the disease and who had a high grade of anaemia, ascites, and cardiorenal manifestations. It would appear that the spleen, acting as a filter, removes noxious agents, both micro-organisms and chemical toxins, from the blood-stream and sends them to the liver for destruction; in certain instances cirrhosis of the liver as well as fibrosis of the spleen results from the chronic irritation produced by such substances.

Both portal cirrhosis and splenic anaemia lead to death through portal obstructions, and the hemorrhages and ascites are due to back pressure. Removal of the spleen reduces the amount of blood delivered by the portal vein to the liver by at least one-third. If the spleen is removed early in splenic anaemia it is probable that the liver will not show serious evidences of disease. Even when cirrhosis of the liver is well marked and ascites is present, removal of the spleen often nearly effects a cure. Five of the 61 cases were not definitely diagnosed but more nearly fitted into this group than any other.



**Stomatitis: Use of Flavine (*Lancet*).**

H. Watson Turner, dealing with the value of flavine as an antiseptic in treatment of comminuted fractures of the jaw, remarks that the frequency of acute stomatitis of all degrees has been a striking feature among soldiers. A chronic septic condition of the mouth was also usually present. The gums in such cases are exceedingly tender, and there is often extensive sloughing and a very foul odor. As a preliminary treatment, to get rid of the acute inflammation before instituting operative measures, the mouth is syringed with flavine 1:1,000, special attention being paid to pockets. Gauze soaked in flavine solution is lightly packed into the angle of the cheek and round the gums, and is retained in the mouth for 20 to 30 minutes. This procedure is repeated thrice daily. The application is painless and leads quickly to relief of pain, subsidence of the acute inflammatory condition, and complete disappearance of the foul odor.—*The Prescriber*.



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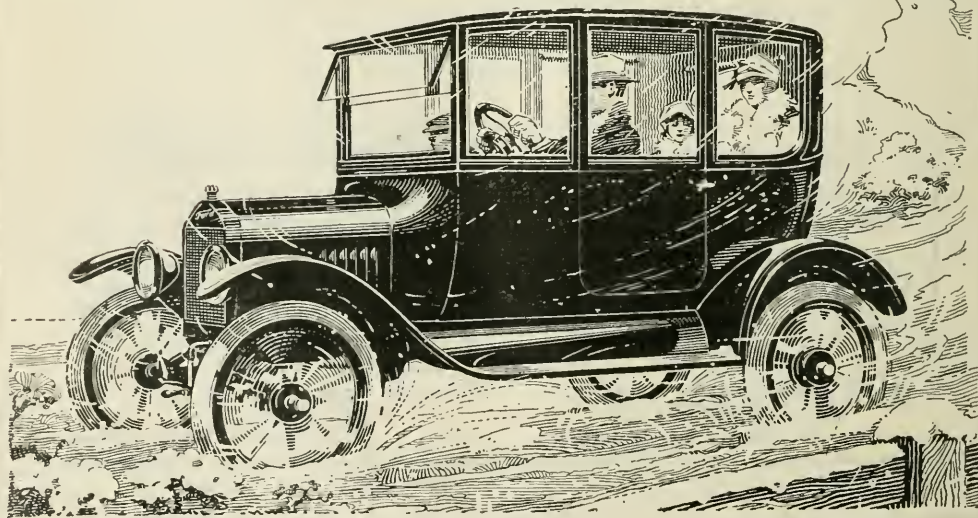
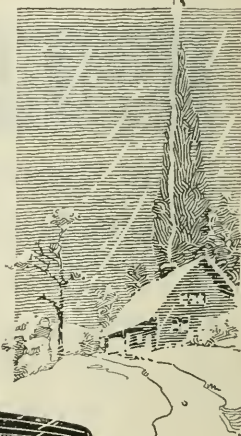


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